Voices College-Bound Language Academies

Board Meeting

(Documents available for review. Request at info@voicescharterschool.com)

Date and Time

Wednesday June 8, 2022 at 5:00 PM PDT

Location

https://us02web.zoom.us/j/87278116100

Meeting ID: 872 7811 6100

Passcode: 425564

Dial by your location

+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)

Meeting ID: 872 7811 6100
Passcode: 425564

Join Zoom Meeting

https://us02web.zoom.us/j/87278116100

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+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)

Meeting ID: 872 7811 6100
Passcode: 425564

Instructions For Presentations To The Board By Parents and Citizens
PUBLIC COMMENTS OF PERSONS DESIRING TO ADDRESS THE BOARD
At this time, members of the public may address the Board on any issue within the subject matter jurisdiction of the Board that is not listed on this agenda. Members of the public may also address the Board on an agenda item before or during the Board's consideration of the item. Submitted comments may be read into the record to the extent practicable based upon factors such as the length of the agenda and available time. Comments received within the window of the board meeting whether read or not, will be shared with the board and noted in the minutes.
Individual commenters are limited to a single comment per agenda item.
Public comments will be accepted prior to, and during the board meeting, subject to limitations discussed here. Comments may be read in the order received and will be accepted up to the point each agenda item is heard, acted upon or when the Board President has completed the call for public comment on that agenda item. Comments submitted during the board meeting but after the agenda item has been called for a vote, or has already been completed will not be read publicly, but may be entered into the record.
Comments should be limited to 400 words or less, and will need to be readable within the time allocated for each comment. These presentations are limited to no more than 15 minutes total and 3 minutes per person. A full comment may not be read if the length of time to read the comment exceeds the designated limit. No action can be taken on an item not on the agenda at this time but may be referred to the administration or put on a future agenda.

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1. When addressing the Board, speakers are requested to state their name and address and adhere to the limits set forth.

2. Any public records relating to an agenda item for an open session of the Board which are distributed to all, or majority of all, of the Board members shall be available for public inspection at 6840 Via Del Oro, Suite #160. San Jose, CA 95119.
3. REASONABLE ACCOMMODATION WILL BE PROVIDED FOR ANY INDIVIDUAL WITH A DISABILITY: Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in this meeting may request assistance by contacting Lizzette Ramirez at (408)791-1609 Ex.1052
4. All matters listed under the consent agenda are considered by the Board to be routine and will be approved/enacted by the Board in one motion in the form listed below. Unless specifically requested by a Board member for further discussion or removed from the agenda, there will be no discussion of these items prior to the Board votes on them. The executive director recommends approval of all consent items.
5. Members of the public attending a meeting conducted via teleconference need not give their name when entering the conference call.
6. All time duration are estimates and may run shorter or longer.

Agenda

		Purpose	Presenter	Time
I.	**Opening Items**			**5:00 PM**
	Opening Items			
A.	Record Attendance		Servando Sandoval	2 m
B.	Call the Meeting to Order		Servando Sandoval	2 m
C.	Approval of Board Findings Relating to Teleconference Meetings During State of Emergency	Vote	Servando Sandoval	5 m

The Charter School Board of Directors determines, in accordance with Government Code Section 54953(e) (1)(B), that meeting in person would present imminent risks to health or safety of attendees. Pursuant to Government Code Section 54953€(3), the Board has also reconsidered the circumstances of the State of Emergency declared by the Governor on March 4, 2020, and finds the State of Emergency continues to directly impact the ability of the Directors to meet safely in person and/or that State or local officials continue to impose or recommend measures to promote social distancing.

D.	Public Comment (on items not on the Agenda)		Servando Sandoval	15 m

Non-agenda items: No individual presentation shall be more than 3 minutes and the total time for this purpose shall not exceed 15 minutes. Ordinarily, Board members

		Purpose	Presenter	Time

will not respond to presentations and no action can be taken. However, the board may give direction to staff following a presentation.

II. Consent Items — 5:24 PM

A.	Approve Minutes	Approve Minutes	Servando Sandoval	3 m

Approve minutes for Board Meeting on March 2, 2022

B.	Approve 2022-2023 Academic and Operations Calendar for FM, MP, WCC and Stockton	Vote		
C.	Approve Voices 2022-23 Instructional Minutes	Vote		
D.	Approve Contracts	Vote	Servando Sandoval	3 m

III. LCAP Hearings — 5:30 PM

A.	Annual Update for Developing the 2022-23 Local Control and Accountability Plans	FYI	Elizabeth Aguilar	5 m
B.	FS LCAP Hearing	Discuss	Servando Sandoval	5 m

The Board conducts a public hearing to allow the public to comment on the current LCAP plan and provide input on areas of focus as new funding becomes available.

The Board will subsequently approve these plans at the next Board meeting to be compliant with current law. The public hearing for each school will be held separately.

No individual presentation shall be more than 3 minutes and the total time for this purpose shall not exceed 15 minutes for each hearing. Ordinarily, Board members will not respond to presentations and no action can be taken.

C.	MH LCAP Hearing	Discuss	Servando Sandoval	5 m

The Board conducts a public hearing to allow the public to comment on the current LCAP plan and provide input on areas of focus as new funding becomes available.

The Board will subsequently approve these plans at the next Board meeting to be compliant with current law. The public hearing for each school will be held separately.

		Purpose	Presenter	Time

No individual presentation shall be more than 3 minutes and the total time for this purpose shall not exceed 15 minutes for each hearing. Ordinarily, Board members will not respond to presentations and no action can be taken.

D. MP LCAP Hearing — Discuss — Servando Sandoval — 5 m

The Board conducts a public hearing to allow the public to comment on the current LCAP plan and provide input on areas of focus as new funding becomes available.

The Board will subsequently approve these plans at the next Board meeting to be compliant with current law. The public hearing for each school will be held separately.

No individual presentation shall be more than 3 minutes and the total time for this purpose shall not exceed 15 minutes for each hearing. Ordinarily, Board members will not respond to presentations and no action can be taken.

E. Stockton LCAP Hearing — Discuss — Servando Sandoval — 5 m

The Board conducts a public hearing to allow the public to comment on the current LCAP plan and provide input on areas of focus as new funding becomes available.

The Board will subsequently approve these plans at the next Board meeting to be compliant with current law. The public hearing for each school will be held separately.

No individual presentation shall be more than 3 minutes and the total time for this purpose shall not exceed 15 minutes for each hearing. Ordinarily, Board members will not respond to presentations and no action can be taken.

F. WCC LCAP Hearing — Discuss — Servando Sandoval — 5 m

The Board conducts a public hearing to allow the public to comment on the current LCAP plan and provide input on areas of focus as new funding becomes available.

The Board will subsequently approve these plans at the next Board meeting to be compliant with current law. The public hearing for each school will be held separately.

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IV. Board Business — 6:00 PM

		Purpose	Presenter	Time
A.	Committee updates Finance Committee Governance Committee	FYI		8 m
V.	**Closed Session**			**6:08 PM**
A.	Anticipated Litigation (Pursuant to Gov. Code § 54956.9(d)(2) or (3)			25 m
B.	Conference with Real Property Negotiators			20 m
C.	Public Employee Performance Evaluation- CEO (Pursuant to Gov. Code Section 54957(b)(1).)			10 m
VI.	**Reconvene Open Session**			**7:03 PM**
A.	Report on action taken in closed session	FYI	Servando Sandoval	1 m
VII.	**Closing Items**			**7:04 PM**
A.	Adjourn Meeting	Vote	Servando Sandoval	1 m

Coversheet

Approve Minutes

Section: II. Consent Items
Item: A. Approve Minutes
Purpose: Approve Minutes
Submitted by:
Related Material: Minutes for Board Meeting on March 2, 2022

APPROVED

Voices College-Bound Language Academies

Minutes

Board Meeting

Date and Time
Wednesday March 2, 2022 at 2:00 PM

Zoom Meeting
https://us02web.zoom.us/j/84445425805?pwd=MDBWS3JUc0tRNG5zVE1PMUhpUzBXZz09
Meeting ID: 844-4542-5805
Password: 3097
Dial
(408) 638 0968 (San Jose)

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Directors Present
A. Miller (remote), D. Cadette (remote), K. Wisckol (remote), S. Perez (remote), S. Sandoval (remote)

Directors Absent
I. Connell, W. Plasencia

Non Voting Members Present
F. Teso (remote)

Guests Present
L. Ramirez (remote)

I. Opening Items

A.

Record Attendance

B. Call the Meeting to Order

S. Sandoval called a meeting of the board of directors of Voices College-Bound Language Academies to order on Wednesday Mar 2, 2022 at 2:04 PM.

C. Approval of Board Findings Relating to Teleconference Meetings During State of Emergency

K. Wisckol made a motion to approve Board Findings relating to teleconference meetings during State of Emergency.
D. Cadette seconded the motion.
The board **VOTED** unanimously to approve the motion.

Roll Call

W. Plasencia	Absent
S. Perez	Aye
A. Miller	Aye
S. Sandoval	Aye
K. Wisckol	Aye
D. Cadette	Aye
I. Connell	Absent

D. Public Comment (on items not on the Agenda)

No public commets.

II. Consent Items

A. Approve Minutes

A. Miller made a motion to approve the minutes from Board Meeting on 01-28-22.
K. Wisckol seconded the motion.
The board **VOTED** unanimously to approve the motion.

Roll Call

D. Cadette	Aye
W. Plasencia	Absent
A. Miller	Aye
S. Sandoval	Aye
I. Connell	Absent
K. Wisckol	Aye
S. Perez	Aye

B. Approve revised 21-22 calendar for Voices WCC

A. Miller made a motion to approve revised 21-22 calendar for Voices WCC.
K. Wisckol seconded the motion.

The board **VOTED** unanimously to approve the motion.

Roll Call

I. Connell	Absent
A. Miller	Aye
D. Cadette	Aye
S. Sandoval	Aye
K. Wisckol	Aye
W. Plasencia	Absent
S. Perez	Aye

C. Approve Category 2 Erate funding for 2022-23

A. Miller made a motion to approve Category 2 Erate funding for 2022-23.
K. Wisckol seconded the motion.
The board **VOTED** unanimously to approve the motion.

Roll Call

D. Cadette	Aye
K. Wisckol	Aye
I. Connell	Absent
A. Miller	Aye
S. Perez	Aye
W. Plasencia	Absent
S. Sandoval	Aye

III. Board Business

A. Approve 2nd interim financials for Voices FS, MH, MP, WCC and ST

Dena Koren, EdTech presented via power point on 2nd interim financials for Voices FS, MH, MP, WCC and ST.
K. Wisckol made a motion to approve 2nd Interim financials for Vocies FS, MH, MP, WCC and ST.
A. Miller seconded the motion.
The board **VOTED** unanimously to approve the motion.

Roll Call

K. Wisckol	Aye
I. Connell	Absent
S. Perez	Aye
S. Sandoval	Aye
W. Plasencia	Absent
A. Miller	Aye
D. Cadette	Aye

B. COVID Updates

F.Teso discussed COVID updates.

C. Committee updates

D.Koren provided Finance committe updates via power point.

K.Wisckol provided Governance committe updates via power point.

D. Form 700

F.Teso discussed form 700.

IV. Closed Session

A. Public Employee Performance Evaluation- CEO (Pursuant to Gov. Code Section 54957(b)(1).) and Anticipated Litigation (Pursuant to Gov. Code § 54956.9(d)(2) or (3)

Closed session ajourned at 3:06 PM.

V. Reconvene Open Session

A. Report on action taken in closed session

Reconvened open session at 4:06 PM. No actions taken during closed session.

VI. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 4:06 PM.

Respectfully Submitted,
S. Sandoval
D. Cadette made a motion to adjourn meeting.
A. Miller seconded the motion.
The board **VOTED** unanimously to approve the motion.

Roll Call

I. Connell	Absent
A. Miller	Aye
W. Plasencia	Absent
S. Perez	Aye
D. Cadette	Aye
S. Sandoval	Aye
K. Wisckol	Aye

Coversheet

Approve 2022-2023 Academic and Operations Calendar for FM, MP, WCC and Stockton

Section:	II. Consent Items
Item:	B. Approve 2022-2023 Academic and Operations Calendar for FM, MP, WCC and Stockton
Purpose:	Vote
Submitted by:	
Related Material:	2022-23 Operations Calendar.pdf 2022-23 Academics School Calendar.pdf

Voices College-Bound Language Academies

2022-23 Operations Calendar

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

AUGUST (1)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER (20)						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
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18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER (20)						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

NOVEMBER (19)						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER (12)						
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11	12	13	14	15	16	17
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25	26	27	28	29	30	31

JANUARY (19)						
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29	30	31				

FEBRUARY (18)						
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MARCH (22)						
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APRIL (15)						
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23/30	24	25	26	27	28	29

MAY (22)						
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JUNE (7)						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Holidays & Voices Network Events 2022-23

Aug 1	New Teacher Training
Aug 17	All Teacher Training
Aug 22	All Staff Meeting (OpsaPalooza)
Aug 22	AT Start Date
Aug 31	First Day of School (minimum day)
Dec 19-Jan2	Winter Break
Oct 14	Day of Practice 1 (1:00 pm to 4:00 pm)
Jan 27	Day of Practice 2 (1:00 pm to 4:30 pm)
April 10-14	Spring Break
	Facilitated Planning Days (students not in session)
Jun 9	Last Day of School (minimum day)
#	Observed Holidays
	Teacher Work Days
	ROCI/Conferences/Minimum Days
	Wellness Days (minimum day)

Revised 5/16/2022

2022-23 Academic School Calendar/ Calendario Escolar 2022-23

AUGUST (1)						
S	M	T	W	T	F	S
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SEPTEMBER (20)						
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OCTOBER (20)						
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23/30	24/31	25	26	27	28	29

NOVEMBER (19)						
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27	28	29	30			

DECEMBER (12)						
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JANUARY (19)						
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29	30	31				

FEBRUARY (18)						
S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH (22)						
S	M	T	W	T	F	S
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19	20	21	22	23	24	25
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APRIL (15)						
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23/30	24	25	26	27	28	29

MAY (22)						
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JUNE (7)						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Holidays & Voices Network Events 2022-23

- Aug 31 — First Day of School (minimum day)
- Aug 31-Sept 2 — First Week of School/Minimum Days
- Minimum Days
- Dec 19-Jan2 — Winter Break
- # — Teacher Work Days NO SCHOOL
- April 10-14 — Spring Break
- Jun 9 — Last Day of School (minimum day)
- # — Observed Holidays NO SCHOOL

Revised 5/16/2022

Coversheet

Approve Voices 2022-23 Instructional Minutes

Section: II. Consent Items
Item: C. Approve Voices 2022-23 Instructional Minutes
Purpose: Vote
Submitted by:
Related Material: Instructional Minutes_2023_Draft.pdf

Instructional Time Verification Calculations

Voices College-Bound Language Academies Schools

2022-23

	TK to Kinder	1st	2 to 3	4 to 5	6 to 8
Regular Days: Total Daily Minutes					
Daily Start	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
Daily End	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM
Subtotal Minutes	480	480	480	480	480
Non-Instructional Minutes					
Recess	30	30	30	30	25
Lunch	30	30	30	30	35
Enrichment	60	60	60	60	55
Subtotal Non-Instructional Minutes	120	120	120	120	115
Subtotal Minutes Per Regular Day	360	360	360	360	365
Regular Days Per Year	146	146	146	146	146
Subtotal Annual Minutes on Regular Days	52,560	52,560	52,560	52,560	53,290

	TK to Kinder	1st	2 to 3	4 to 5	6 to 8
Minimum Days: Total Daily Minutes					
Daily Start Time	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
Daily End Time	12:30 PM	12:30 PM	12:30 PM	12:30 PM	12:30 PM
Subtotal Minutes	270	270	270	270	270
Non-Instructional Minutes					
Recess	15	15	15	15	10
Lunch	30	30	30	30	30
Subtotal Non-Instructional Minutes	45	45	45	45	40
Total Minutes Per Minimum Day	225	225	225	225	230
Minimum Days Per Year	29	29	29	29	29
Subtotal Annual Minutes on Minimum Days	6,525	6,525	6,525	6,525	6,670

	TK to Kinder	1st	2 to 3	4 to 5	6 to 8
Total Annual Instructional Minutes	59,085	59,085	59,085	59,085	59,960
Required Minutes	36,000	50,400	50,400	54,000	54,000
Amount Above/(Below) Minimum	23,085	8,685	8,685	5,085	5,960

One more than this year

(30 to 29 next year)

Coversheet

Approve Contracts

Section: II. Consent Items
Item: D. Approve Contracts
Purpose: Vote
Submitted by:
Related Material:
Voices College-Bound Language CharterSAFEInvoice2223.pdf
Varsity_MSA_and_Elevate_SOW_-_Voices_College-Bound_Language_Academies.pdf
VOICES COLLEGE-BOUND LANGUAGE ACADEMIES Kaiser Renewal 2022.pdf

CharterSAFE
BE SAFE • FEEL SAFE

INVOICE

Invoice Date: June 02, 2022
Account Number: 1238

INSURED: **Voices College-Bound Language Academies**

CONTACT: Catherine Barron

ADDRESS: 6840 Via Del Oro, Suite 160
San Jose, CA 95119

Member Contribution for Policy Year 2022-2023

Combined Member Contribution	**$365,759.00**
COVID-19 Rebate	**$14,630.00**
Total Member Contribution	**$351,129.00**

(Choose one option)	Amount	Due Date
❑ **Payment in Full**	**$351,129.00**	**Due Now**
❑ **Installment Plan:**		
Deposit (25%)	**$76,809.00**	**Due Now**
Monthly Installment	**$30,480.00**	**August 01, 2022**

9 installments due the 1st of every month

Thank you for participating in CharterSAFE ACH program.
You are currently enrolled in the CharterSAFE ACH program. The required payment will be processed once a signed proposal is received, based upon the payment option that you have chosen. To make any changes to your enrollment in the CharterSAFE ACH program, or if you have any special payment requests, please email Pilar Archer at parcher@chartersafe.org.

Please Remit All Payments To:
CharterSAFE
P.O. Box 969
Weimar, CA 95736

Questions/Comments:
Whitney Delano
Director of Operations and Communications
Email: wdelano@chartersafe.org

Payment in Full or 25% Deposit are due at the time the proposal is accepted by signing and submitting Member Contribution Summary page of this proposal. CharterSAFE membership, including insurance coverage, is subject to cancellation for any invoice over sixty (60) days past due.





VARSITY TECHNOLOGIES, INC.
MASTER SERVICES AGREEMENT

This MASTER SERVICES AGREEMENT (this "**Agreement**") is made and entered into as of July 1, 2022 (the "**Effective Date**"), by and between VARSITY TECHNOLOGIES, INC., a California corporation ("**Varsity**") and Voices College-Bound Language Academies, a California Company ("**Customer**"). Varsity and Customer are sometimes referred to herein individually as a "Party" and together as the "Parties."

RECITALS

A. Customer is a California company.

B. Varsity provides outsourced information technology services to Customer.

C. Customer desires to retain Varsity to provide the Services, as more fully described in this Agreement, and Varsity desires to provide such Services, on and subject to the terms set forth herein.

In consideration of the mutual covenants and agreements hereinafter set forth, the Parties agree as follows:

1. Definitions.

1.1 "**Action**" has the meaning set forth in Section 10.1 .

1.2 "**Affiliate**" of a Person means any other Person that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with, such Person. The term "control" (including the terms "controlled by" and "under common control with") means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by contract, or otherwise.

1.3 "**Authorized Service Recipients**" means Persons identified as such in a Statement of Work.

1.4 "**Agreement**" has the meaning set forth in the preamble.

1.5 "**Change Order**" has the meaning set forth in Section 4.1

1.6 "**Confidential Information**" means any information that is treated as confidential by a Party, including but not limited to all non-public information about its business affairs, products or services, Intellectual Property Rights, trade secrets, third-party confidential information, and other sensitive or proprietary information, whether disclosed orally or in written, electronic, or other form or media, and whether or not marked, designated, or otherwise identified as "confidential". Confidential Information shall not include information that: (a) is already known to the Receiving Party without restriction on use or disclosure prior to receipt of

such information from the Disclosing Party; (b) is or becomes generally known by the public other than by breach of this Agreement by, or other wrongful act of, the Receiving Party; (c) is developed by the Receiving Party independently of, and without reference to, any Confidential Information of the Disclosing Party; or (d) is received by the Receiving Party from a third party who is not under any obligation to the Disclosing Party to maintain the confidentiality of such information.

1.7 "**Customer**" has the meaning set forth in the preamble.

1.8 "**Customer Contract Manager**" has the meaning set forth in Section 3.1 1.A.

1.9 "**Customer Equipment**" means any equipment, systems, cabling, or facilities provided by Customer and used directly or indirectly in the provision of the Services.

1.10 "**Customer Materials**" any documents, data, know-how, methodologies, software, and other materials provided to Varsity by Customer, including computer programs, reports, and specifications.

1.11 "**Customer Systems**" means the combination of several systems including, but not limited to, the internal network, Internet services, servers, public and private cloud services, wireless network, business applications, backup and disaster recovery systems, and end user devices such as personal computers and mobile computing devices, of Customer.

1.12 "**Deliverables**" means any documents, work product, and other materials that are delivered to Customer or prepared by or on behalf of Varsity in the course of performing certain Services, and identified as such in the Statement of Work relating to such Services.

1.13 "**Disclosing Party**" means a party that discloses Confidential Information under this Agreement.

1.14 "**Force Majeure Event**" has the meaning set forth in Section 15.1 .

1.15 "**Initial Term"** has the meaning set forth in Section 5.1 .

1.16 "**Intellectual Property Rights**" means all (a) patents, patent disclosures, and inventions (whether patentable or not), (b) trademarks, service marks, trade dress, trade names, logos, corporate names, and domain names, together with all of the goodwill associated therewith, (c) copyrights and copyrightable works (including computer programs), mask works, and rights in data and databases, (d) trade secrets, know-how, and other confidential information, and (e) all other intellectual property rights, in each case whether registered or unregistered and including all applications for, and renewals or extensions of, such rights, and all similar or equivalent rights or forms of protection in any part of the world.

1.17 "**Law**" means any statute, law, ordinance, regulation, rule, code, order, constitution, treaty, common law, judgment, decree, other requirement, or rule of law of any federal, state, local, or foreign government or political subdivision thereof, or any arbitrator, court, or tribunal of competent jurisdiction.

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1.18 "**Losses**" mean all losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorneys' fees and the cost of enforcing any right to indemnification hereunder and the cost of pursuing any insurance providers.

1.19 "**Person**" means an individual, corporation, partnership, joint venture, limited liability company, governmental authority, unincorporated organization, trust, association, or other entity.

1.20 "**Pre-Existing Materials**" means the pre-existing materials specified in a Statement of Work/all documents, data, know-how, methodologies, software, and other materials, including computer programs, reports, and specifications, provided by or used by Varsity in connection with performing the Services, in each case developed or acquired by Varsity prior to the commencement or independently of this Agreement.

1.21 "**Project**" means a project as described in a Statement of Work.

1.22 "**Project Milestone**" means an event or task described in a Statement of Work which shall be completed by the relevant date set forth in the Statement of Work.

1.23 "**Receiving Party**" means a party that receives or acquires Confidential Information directly or indirectly under this Agreement.

1.24 "**Services**" mean the professional and other services, including support services as applicable, requested by Customer from time to time during the Term and to be provided by Varsity under this Agreement, as described in more detail in a Statement of Work.

1.25 "**Statement of Work**" or "**SOW**" means each Statement of Work entered into by the Parties and attached as an exhibit to this Agreement, describing the scope, terms and conditions of Services to be provided by Varsity to Client or a Project to be completed by Varsity for Client, and including the information set forth in Section 2.2, as applicable.

1.26 "**Term**" has the meaning set forth in Section 5.

1.27 "**Third Party Deliverables**" has the meaning set forth in Section 2.6 .

1.28 "**User**" shall mean a user of the Customer Systems, or any part thereof, and may include any employee, contractor, or affiliate of Customer, or any person with access to the Customer Systems.

1.29 "**Varsity**" has the meaning set forth in the preamble.

1.30 "**Varsity Contract Manager**" has the meaning set forth in Section 1.A.

1.31 "**Varsity Equipment**" means any equipment, systems, cabling, or facilities provided by or on behalf of Varsity and used directly or indirectly in the provision of the Services.

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1.32 "**Varsity Personnel**" means all employees and subcontractors, if any, engaged by Varsity to perform the Services.

2. Services.

2.1 Varsity shall provide the Services to Customer and, if applicable, Authorized Service Recipients, as described in more detail in each Statement of Work, executed by both parties and attached as an exhibit to this Agreement, incorporated herein and made a part hereof. In the event of a conflict between the terms and conditions of this Agreement and a Statement of Work, the provisions of the Agreement shall prevail unless the Parties have obtained the express written consent of authorized signatories of each Party to deviate from the terms and conditions of the Agreement for a particular Statement of Work. Each Statement of Work shall be numbered with a unique contract number assigned by Varsity.

2.2 Each Statement of Work shall include the following information, if applicable:

A. a detailed description of the Services to be performed pursuant to the Statement of Work;

B. the date upon which the Services will commence and the term of such Statement of Work;

C. the names of the Varsity Contract Manager and the Customer Contract Manager;

D. the fees to be paid to Varsity under the Statement of Work;

E. the Project implementation plan, including a timetable;

F. Project Milestones, if any, and payment schedules;

G. any criteria for completion of the Services or Project, if applicable;

H. procedures for the testing and acceptance of the Services and Deliverables by Customer, if applicable;

I. terms and conditions of support services, if any, for the Services; and

J. any other terms and conditions agreed upon by the Parties in connection with the Services to be performed pursuant to such Statement of Work.

K. Varsity's Obligations.

2.3 Varsity shall:

A. appoint a Varsity employee to serve as a primary contact with respect to this Agreement (the "**Varsity Contract Manager**");

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B. before the date on which the Services are to start, obtain, and at all times during the Term of this Agreement maintain, all necessary licenses and consents and comply with all relevant Laws applicable to the provision of the Services;

C. work with Customer to purchase and/or secure the necessary maintenance and support contracts offered or provided by the manufacturer for all software and hardware covered by or included in this Agreement and applicable Statements of Work;

D. comply with, and ensure that all Varsity Personnel comply with, all rules, regulations, and policies of Customer that are communicated to Varsity in writing, including security procedures concerning systems and data and remote access thereto, building security procedures, including the restriction of access by Customer to certain areas of its premises or systems for security reasons, and general health and safety practices and procedures;

E. maintain complete and accurate records relating to the provision of the Services under this Agreement, including records of the time spent and materials used by Varsity in providing the Services. During the Term , upon Customer's written request, Varsity shall allow Customer or Customer's representative to inspect and make copies of such records in connection with the provision of the Services at Customer's sole expense; *provided that* any such inspection shall take place during regular business hours and Customer provides Varsity with at least ten (10) business days advance written notice;

F. require each employee and subcontractor to be bound in writing by the confidentiality and intellectual property assignment or license provisions of this Agreement, and, upon Customer's written request, to enter into a non-disclosure or intellectual property assignment or license agreement in a form that is reasonably satisfactory to Customer.

2.4 Varsity may, at its discretion, enter into agreements with or otherwise engage any Person, including subcontractors, to provide any Services and Deliverables to Customer. Varsity shall remain fully responsible for the performance of each such subcontractor and its employees and for their compliance with all the terms and conditions of this Agreement as if they were Varsity's own employees. Nothing contained in this Agreement shall create any contractual relationship between Customer and any Varsity subcontractor or supplier.

2.5 Varsity is responsible for all Varsity Personnel and for the payment of their compensation, including, if applicable, withholding of income taxes, and the payment and withholding of social security and other payroll taxes, unemployment insurance, workers' compensation insurance payments, and disability benefits.

2.6 Notwithstanding anything to the contrary set forth herein, to the extent Deliverables consist of third party software, hardware or other products ("**Third Party Deliverables**"), Customer acknowledges and agrees that the Customer's purchase of such Third Party Deliverables from and through Varsity may be subject to a separate purchase order and

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shall be governed by Varsity's purchase order terms and conditions, set forth at https://www.varsitytech.com/terms-and-conditions/ as may be amended and modified by Varsity from time to time. The Customer further acknowledged and agrees that the use of such Third Party Deliverables may be subject to additional terms and conditions imposed by the applicable third party, including for example as may be set forth in a shrink-wrap or click-wrap license agreement that accompanies the applicable Third Party Deliverable. Any such agreement shall be between Customer and the third party only and Varsity shall have no obligations or liability thereunder.

3. Customer's Obligations.

3.1 Customer shall:

A. cooperate with Varsity in all matters relating to the Services and appoint a Customer employee to serve as the primary contact with respect to this Agreement (the "**Customer Contract Manager**");

B. provide promptly, and in no event later than ten (10) business days after such request, a complete and accurate list of all users, employees, and equipment in use, or any service that has been added to the Customer Systems. If Customer fails to provide such information as requested within ten (10) business days, Customer acknowledges and agrees that Varsity will base its billing for Services on Varsity's current information;

C. provide, subject to Section 1.B, such access to third party vendor accounts documentation, or physical access to Customer's premises and such office accommodation and other facilities as may reasonably be required by Varsity, for the purposes of performing the Services and each Project;

D. respond promptly to any Varsity request to provide direction, information, approvals, authorizations, or decisions that are reasonably necessary for Varsity to perform Services in accordance with the requirements of this Agreement;

E. provide such Customer Materials or other information, including passwords to systems and applications, as Varsity may reasonably request and deems reasonably necessary in order to carry out the Services, in a timely manner, and ensure that it is complete and accurate in all material respects;

F. ensure that all Customer Equipment is in good working order and suitable for the purposes for which it is used in relation to the Services;

G. obtain and maintain all necessary licenses and consents and comply with all applicable Law in relation to the Services, the installation of the Varsity Equipment, the use of Customer Materials, and the use of the Customer Equipment in relation to the Varsity Equipment, to the extent that such licenses, consents, and Law relate to Customer's business, premises, staff, and equipment, in all cases before the date on which the Services are to start;

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H. keep, maintain, and insure the Varsity Equipment in accordance with Varsity's instructions as notified in writing from time to time, and shall not dispose of or use Varsity Equipment other than in accordance with Varsity's written instructions or authorization;

I. provide Varsity with full access to both Varsity Equipment and Customer Equipment requiring warranty and maintenance service during normal business hours;

J. provide Varsity with the contract, account number, support contact information, account manager contact, and any account management access information for its Internet Service Provider;

K. provide Varsity with a list of all its IT service provider vendors including account numbers, names of contacts, contact information, and any support information.

3.2 If Varsity's performance of its obligations under this Agreement is prevented or delayed by any act or omission of Customer, or any of its agents, subcontractors, consultants, or employees outside of Varsity's reasonable control, Varsity shall not be deemed in breach of its obligations under this Agreement or otherwise liable for any costs, charges, or losses sustained or incurred by Customer, in each case, to the extent arising directly or indirectly from such prevention or delay.

4. Changes.

4.1 Where the Services are provided on a time and materials basis, if either Party wishes to change the scope or performance of the Services, it shall submit details of the requested change to the other Party in writing in accordance with the notice provisions in Section 16.10. Varsity shall, within a reasonable time not to exceed ten (10) days after receiving a Customer-initiated request, or at the same time that Varsity initiates such a request, provide a written estimate to Customer of: **(a)** the likely time required to implement the change and any delays in meeting Project Milestones or completing Deliverables as a result of such requested change; **(b)** any additional fees and other charges for the Services arising from the change; **(c)** any other impact the change might have on the performance of such Services; and **(d)** any other information requested by the Customer. Promptly after receipt of the written estimate, the Parties shall negotiate and agree in writing on the terms of such change (a "**Change Order**"). Neither Party shall be bound by any Change Order unless mutually agreed upon in writing in accordance with Section 16.6.

4.2 Where Services are provided on a subscription fee basis, changes in the number of users, employees, and equipment in use, shall not require a Change Order. For such Services, Varsity shall use commercially reasonable efforts to provide Customer with updated billing information and rate changes within twelve (12) business days of being notified of any changes in the number of users, employees, and equipment in use, or any service that has been added to the Customer Systems.

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5. Term and Termination.

5.1 Term. This Agreement shall commence as of the Effective Date and shall continue thereafter until terminated pursuant to this Section 5. **The term of each Statement of Work shall be as set forth in such Statement of Work.**

5.2 Termination for Cause. Either Party may terminate this Agreement or any Statement of Work, effective upon written notice to the other Party (the "Defaulting Party"), if the Defaulting Party:

i. materially breaches this Agreement or such Statement of Work, and such breach is incapable of cure, or with respect to a material breach capable of cure, the Defaulting Party does not cure such breach within thirty (30) days after receipt of written notice of such breach; or

ii. (i) becomes insolvent and admits its inability to pay its debts generally as they become due; (ii) becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law; (iii) is dissolved or liquidated or takes any corporate action for such purpose; (iv) makes a general assignment for the benefit of creditors; or (v) has a receiver, trustee, custodian, or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.

5.3 Effects of Termination or Expiration.

i. Upon the termination of this Agreement for any reason, all Statements of Work hereunder shall also terminate except where the Statement of Work has a term. Customer acknowledges and agrees that certain Statements of Work may provide for Services with a minimum subscription term. In the event of any early termination of this Agreement as provided in this Section 5 and notwithstanding anything to the contrary herein, the terms of this Agreement shall continue in full force and effect with respect to such Services until the expiration of such minimum subscription term. In the event this Agreement or the Statement of Work is terminated prior to the end of such minimum subscription term, Customer shall remain liable for payment of all fees for the entire remainder of the subscription term.

ii. Upon expiration or termination of any Statement of Work for any reason, Varsity shall, for each such Statement of Work, (i) promptly deliver to Customer all Deliverables (whether complete or incomplete) for which Customer has paid, all Customer Equipment and all Customer Materials in its possession, (ii) promptly remove any Varsity Equipment located at Customer's premises, (iii) provide cooperation and assistance to Customer upon Customer's written request and at Customer's expense in transitioning the data in readable form, passwords and Services to a different service provider in compliance with the law and industry

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practice. Customer acknowledges and agrees that certain Services may require a minimum subscription term and that, in the event this Agreement or the Statement of Work is terminated prior to the end of such minimum subscription term, Customer shall remain liable for payment of all fees for the entire minimum subscription term.

iii. Each Party shall (i) return to the other Party all documents and tangible materials (and any copies) containing, reflecting, incorporating, or based on the other Party's Confidential Information, (ii) permanently delete all of the other Party's Confidential Information from its computer systems once said information has been provided to the other Party in readable form, and (iii) certify in writing to the other Party that it has complied with the requirements of this clause; provided, however, that Customer may retain copies of any Confidential Information of Varsity incorporated in the Deliverables or to the extent necessary to allow it to make full use of the Services and any Deliverables, provided that the restrictions and obligations of Section 8 shall continue to apply to such Confidential Information.

5.4 **Survival**. The rights and obligations of the Parties in this Agreement which, by its nature, should survive termination or expiration of this Agreement, will survive any such termination or expiration of this Agreement.

6. Fees and Expenses; Payment Terms.

6.1 In consideration of the provision of the Services by Varsity and the rights granted to Customer under this Agreement, Customer shall pay the fees set forth in the applicable Statement of Work. Payment to Varsity of such fees and the reimbursement of expenses pursuant to this Section 6 shall constitute payment in full for the performance of the Services, and, Customer shall not be responsible for paying any other fees, costs, or expenses.

6.2 Where the Services are provided on a time and materials basis:

A. the fees payable for the Services shall be calculated in accordance with Varsity's hourly fee rates set forth in the applicable Statement of Work; and

B. Varsity shall invoice Customer for any materials, machinery, equipment, and third-party services (collectively, "**Materials**") reasonably necessary for the provision of the Services; and

C. Varsity shall issue invoices to Customer monthly in arrears for its fees for time for the immediately preceding month, calculated as provided in this Section 6.2 , together with any expenses for such month incurred in accordance with Section 6.4 .

6.3 Where Services are provided for a fixed price or for a subscription fee basis, the fees for such Services shall be as set forth in the applicable Statement of Work. The fees shall be paid to Varsity in accordance with the schedule set forth in the applicable Statement

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of Work. Varsity shall issue invoices to Customer for the fees that are then payable, together with any expenses incurred in accordance with Section 6.4 .

6.4 Customer agrees to reimburse Varsity for all actual, documented, and reasonable travel and out-of-pocket expenses incurred by Varsity in connection with the performance of the Services; provided that any expenses in an amount greater than $1000 shall require approval in advance in writing by Customer. Expenses shall be reimbursed to Varsity within thirty (30) days after the date of receipt of the invoice relating to such expenses.

6.5 The Parties agree that for Services provided on a time and materials basis, Varsity may increase its standard fee rates specified in the applicable Statement of Work; provided that Varsity provides Customer written notice of such increase at least 30 days prior to the effective date of such increase.

6.6 Varsity shall issue invoices to Customer only in accordance with the terms of this Section, and Customer shall pay all properly invoiced amounts due to Varsity within thirty (30) days after the date of such invoice, except for any amounts disputed by Customer in good faith. All payments hereunder shall be in US dollars. Any payments that are returned for non-sufficient funds will be subject to a $75 service fee, per attempt.

6.7 If Customer fails to pay any amount when due, Varsity may assess a monthly finance fee equal to the lesser of (i) two percent (2%) of the overdue amount, and (ii) the maximum amount allowed by law.

6.8 Customer shall be responsible for all sales, use, and excise taxes, and any other similar taxes, duties, and charges of any kind imposed by any federal, state, or local governmental entity on any amounts payable by Customer hereunder. Any such taxes, duties, and charges currently assessed or which may be assessed in the future, that are applicable to the Services are for the Customer's account, and Customer hereby agrees to pay such taxes. In no event shall Customer pay or be responsible for any taxes imposed on, or with respect to, Varsity's income, revenues, gross receipts, personnel, or real or personal property or other assets.

7. Intellectual Property Rights; Ownership.

7.1 Except as set forth in Section 7.3 7.3, Customer is, and shall be, the sole and exclusive owner of all right, title, and interest in and to the Deliverables, including all Intellectual Property Rights therein. Varsity agrees, and will cause its Varsity Personnel to agree, that with respect to any Deliverables that may qualify as "work made for hire" as defined in 17 U.S.C. §101, such Deliverables are hereby deemed a "work made for hire" for Customer. To the extent that any of the Deliverables do not constitute a "work made for hire", Varsity hereby irrevocably assigns, and shall cause the Varsity Personnel to irrevocably assign to Customer, in each case without additional consideration, all right, title, and interest throughout the world in and to the Deliverables, including all Intellectual Property Rights therein. Varsity shall cause the Varsity Personnel to irrevocably waive, to the extent permitted by applicable Law, any and all claims such Varsity Personnel may now or hereafter have in any jurisdiction to so-called "moral rights" or rights of droit moral with respect to the Deliverables.

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7.2 Upon the request of Customer, Varsity shall, and shall cause the Varsity Personnel to, promptly take such further actions, including execution and delivery of all appropriate instruments of conveyance, as may be necessary to assist Customer to prosecute, register, perfect, or record its rights in or to any Deliverables.

7.3 Varsity and its licensors are, and shall remain, the sole and exclusive owners of all right, title, and interest in and to the Pre-Existing Materials, including all Intellectual Property Rights therein.

7.4 Customer and its licensors are, and shall remain, the sole and exclusive owner of all right, title, and interest in and to the Customer Materials, including all Intellectual Property Rights therein. Varsity shall have no right or license to use any Customer Materials except solely during the Term of the Agreement to the extent necessary to provide the Services to Customer. All other rights in and to the Customer Materials are expressly reserved by Customer.

8. Confidential Information.

8.1 The Receiving Party agrees:

A. not to disclose or otherwise make available Confidential Information of the Disclosing Party to any third party without the prior written consent of the Disclosing Party; *provided, however*, that the Receiving Party may disclose the Confidential Information of the Disclosing Party to its Affiliates, officers, employees, consultants, and legal advisors who have a "need to know", who have been apprised of this restriction, and who are themselves bound by nondisclosure obligations at least as restrictive as those set forth in this Section 8 ;

B. to use the Confidential Information of the Disclosing Party only for the purposes of performing its obligations under the Agreement or, in the case of Customer, to make use of the Services and Deliverables;

C. to safeguard the Confidential Information of the Disclosing Party to at least the same extent that it safeguards its own confidential materials or data; and

D. to immediately notify the Disclosing Party in the event it becomes aware of any loss or disclosure of any of the Confidential Information of Disclosing Party.

8.2 In the event a subpoena or other legal process is served upon Receiving Party that, pursuant to the requirement of a governmental agency or law of the United States of America or any state thereof (or any governmental or political subdivision thereof), Receiving Party becomes legally compelled to disclose any Confidential Information, the Receiving Party shall provide:

A. prompt written notice of such requirement so that the Disclosing Party may seek, at its sole cost and expense, a protective order or other remedy; and

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B. reasonable assistance, at the Disclosing Party's sole cost and expense, in opposing such disclosure or seeking a protective order or other limitations on disclosure.

8.3 If, after providing such notice and assistance as required herein, the Receiving Party remains required by Law to disclose any Confidential Information, the Receiving Party shall disclose no more than that portion of the Confidential Information which, on the advice of the Receiving Party's legal counsel, the Receiving Party is legally required to disclose and, upon the Disclosing Party's request, shall use commercially reasonable efforts to obtain assurances from the applicable court or agency that such Confidential Information will be afforded confidential treatment.

9. Representations and Warranties.

9.1 Each Party represents and warrants to the other Party that:

A. it is duly organized, validly existing and in good standing as a corporation under the laws and regulations of California;

B. it has the full right, power, and authority to enter into this Agreement, to grant the rights and licenses granted hereunder, and to perform its obligations hereunder;

C. the execution of this Agreement by its representative whose signature is set forth below has been duly authorized by all necessary corporate action of the Party; and

D. when executed and delivered by such Party, this Agreement will constitute the legal, valid, and binding obligation of such Party, enforceable against such Party in accordance with its terms.

9.2 Varsity represents and warrants to Customer that:

(a) it shall perform the Services using personnel of required skill, experience, and qualifications and in a professional and workmanlike manner in accordance with best industry standards for similar services and shall devote adequate resources to meet its obligations under this Agreement;

(b) it is in compliance with, and shall perform the Services in compliance with, all applicable Laws;

(c) (i) to Varsity's knowledge none of the Services, Deliverables, and Customer's use thereof infringe or will infringe any registered or issued patent, copyright or trademark of any third party arising under the Law of the United States or any other state or foreign jurisdiction, and, (ii) as of the date hereof, there are no pending or, to Varsity's knowledge, threatened claims, litigation, or other proceedings pending against Varsity by any third party based on an alleged violation of such Intellectual Property Rights, in each case, excluding any infringement or claim, litigation or other proceedings to the extent arising out of any (x) Customer Materials or any instruction, information, designs, specifications, or other materials provided by Customer to Varsity, (y) use of the

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Deliverables in combination with any materials or equipment not supplied or specified by Varsity, if the infringement would have been avoided by the use of the Deliverables not so combined, and (z) any modifications or changes made to the Deliverables by or on behalf of any Person other than Varsity. Varsity's sole liability and Customer's sole and exclusive remedy for Varsity's breach of this Section 9.2 (c) 9.2(c) are Varsity's obligations under Section C;

(d) the Services and Deliverables will comply with all requirements or specifications stated in the applicable Statement of Work. In the event of Varsity's breach of the foregoing warranty:

(i) Varsity shall immediately cure such breach provided, that if Varsity cannot cure such breach within a reasonable time (but no more than 30 days) after Customer's written notice of such breach, Customer may, at its option, terminate the applicable Statement of Work by serving written notice of termination in accordance with Section 5.2 .

(ii) In the event the Statement of Work is terminated in accordance with this Section 9.2, Varsity shall within thirty (30) days after the effective date of termination, refund to Customer any fees paid by the Customer as of the date of termination for such Service or Deliverable less a deduction equal to the fees for receipt or use of such Deliverables or Service up to and including the date of termination on a pro-rated basis.

(iii) The foregoing warranty with respect to Deliverables will not apply if: (A) the Deliverables are modified by any person other than Varsity or any of its employees or contractors, or are modified except as instructed or recommended by Varsity; (B) the Deliverables are not used in accordance with the specifications or Varsity's instructions; (C) the delay, damage or injury to the Deliverables is due to the abuse or misuse by or negligence of Customer or any of its Users; or (D) the delay, damage or injury to the Deliverables is due to any other cause not within Varsity's reasonable control.

9.3 No Warranty Regarding Data Recoverability. Customer understands that Varsity will make recommendations in regard to data protection technologies but cannot warrant any product purchased by Customer upon any such recommendation and cannot guarantee that it will be free of bugs or defects. Recoverability of data in the event of failure is subject to integrity of the media, success of backup procedures, and other factors outside the control of Varsity. Varsity makes no warranty that Customer will be able to restore data as a result of Varsity recommendations.

9.4 WARRANTY DISCLAIMER. EXCEPT FOR THE EXPRESS WARRANTIES IN THIS SECTION 9.4 (A) VARSITY HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE UNDER THIS AGREEMENT, AND (B) VARSITY SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE. SERVICES OR DELIVERABLES PROVIDED HEREUNDER DO NOT GUARANTEE THAT OPERATION OF CUSTOMER SYSTEMS WILL BE UNINTERRUPTED OR ERROR-FREE. CUSTOMER ACKNOWLEDGES THAT VARSITY HEREBY DISCLAIMS, AND

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CUSTOMER HEREBY WAIVES, ALL WARRANTIES AND INDEMNITIES, EXPRESSED OR IMPLIED, FOR THIRD PARTY DELIVERABLES.

10. Indemnification.

10.1 Varsity shall defend, indemnify, and hold harmless Customer and Customer's Affiliates/Authorized Service Recipients and its/their officers, directors, employees, agents, successors, and permitted assigns (each, a "**Customer Indemnitee**") from and against all Losses awarded against a Customer Indemnitee in a final judgment arising out of or resulting from any third-party claim, suit, action, or proceeding (each, an "**Action**") arising out of or resulting from:

A. bodily injury, death of any person, or damage to real or tangible, personal property resulting from the willful, fraudulent, or grossly negligent or negligent acts or omissions of Varsity or Varsity Personnel; and

B. Varsity's material breach of any representation, warranty, or obligation of Varsity set forth in this Agreement.

C. Varsity shall defend, indemnify, and hold harmless the Customer Indemnitees from and against all Losses awarded against a Customer Indemnitee in a final judgment based on a claim that any of the Services or Deliverables or Customer's receipt or use thereof infringes any Intellectual Property Right of a third party arising under the Laws of the United States; *provided, however*, that Varsity shall have no obligations under this Section 10.2 with respect to claims to the extent arising out of:

D. any Customer Materials or any instruction, information, designs, specifications, or other materials provided by Customer in writing to Varsity;

E. use of the Deliverables in combination with any materials or equipment not supplied to Customer or specified by Varsity in writing, if the infringement would have been avoided by the use of the Deliverables not so combined; or

F. any modifications or changes made to the Deliverables by or on behalf of any Person other than Varsity or Varsity Personnel.

10.2 Customer shall defend, indemnify, and hold harmless Varsity and Varsity's Affiliates and their officers, directors, employees, agents, successors, and permitted assigns from and against all Losses awarded against Varsity in a final judgment arising out of or resulting from any third-party Action arising out of or resulting from:

A. bodily injury, death of any person, or damage to real or tangible, personal property resulting from the grossly negligent or willful acts or omissions of Customer; and

B. Customer's material breach of any representation, warranty, or obligation of Customer in this Agreement.

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10.3 The Party seeking indemnification hereunder shall promptly notify the indemnifying Party in writing of any Action and cooperate with the indemnifying Party at the indemnifying Party's sole cost and expense. The indemnifying Party shall immediately take control of the defense and investigation of such Action and shall employ counsel of its choice to handle and defend the same, at the indemnifying Party's sole cost and expense. The indemnifying Party shall not settle any Action in a manner that adversely affects the rights of the indemnified Party without the indemnified Party's prior written consent, which shall not be unreasonably withheld or delayed. The indemnified Party's failure to perform any obligations under this Section 10.3 shall not relieve the indemnifying Party of its obligations under this Section 10.3 except to the extent that the indemnifying Party can demonstrate that it has been materially prejudiced as a result of such failure. The indemnified Party may participate in and observe the proceedings at its own cost and expense.

10.4 Notwithstanding anything to the contrary in this Agreement, the indemnifying Party is not obligated to indemnify, hold harmless, or defend the indemnified Party against any claim (whether direct or indirect) to the extent such claim or corresponding losses arise out of or result from, in whole or in part, the indemnified Party's:

A. gross negligence or more culpable act or omission (including recklessness or willful misconduct); or

B. bad faith failure to materially comply with any of its material obligations set forth in this Agreement.

11. Limitation of Liability.

11.1 IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER OR TO ANY THIRD PARTY FOR ANY LOSS OF USE, REVENUE, OR PROFIT OR LOSS OF DATA OR FOR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, EXEMPLARY, SPECIAL, OR PUNITIVE DAMAGES WHETHER ARISING OUT OF BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, REGARDLESS OF WHETHER SUCH DAMAGE WAS FORESEEABLE AND WHETHER OR NOT SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

11.2 EXCEPT AS OTHERWISE PROVIDED IN SECTION 11.2 , IN NO EVENT WILL EITHER PARTY'S LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT, WHETHER ARISING OUT OF OR RELATED TO BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, EXCEED THE AMOUNT PAID OR PAYABLE TO VARSITY PURSUANT TO THIS AGREEMENT IN THE TWELVE-MONTH PERIOD PRECEDING THE EVENT GIVING RISE TO THE CLAIM.

11.3 The exclusions and limitations in Section 11.2 11.1 shall not apply to:

A. damages or other liabilities arising out of or relating to a Party's failure to comply with its obligations under Section 7 (Intellectual Property Rights; Ownership);

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B. damages or other liabilities arising out of or relating to a Party's failure to comply with its obligations under Section 8 (Confidentiality);

C. a Party's indemnification obligations under Section 10 (Indemnification);

D. damages or other liabilities arising out of or relating to a Party's gross negligence, willful misconduct, or intentional acts; and

E. damages or liabilities to the extent covered by a Party's insurance.

12. Insurance.

12.1 At all times during the Term of this Agreement, Varsity shall procure and maintain, at its sole cost and expense, at least the following types and amounts of insurance coverage:

A. Commercial General Liability with limits no less than $_2,000,000_per occurrence and $_4,000,000__ in the aggregate, including bodily injury and property damage and products and completed operations and advertising liability, which policy will include contractual liability coverage insuring the activities of Varsity under this Agreement;

B. Worker's Compensation with limits no less than the minimum amount required by applicable law;

C. Commercial Automobile Liability with limits no less than $_1,000,000___combined single limit; and

D. Errors and Omissions/Professional Liability with limits no less than $_1,000,000_per occurrence and $_1,000,000_in the aggregate.

12.2 All insurance policies required pursuant to this Section 12 shall be issued by insurance companies with a Best's Rating of no less than A-VII and name Customer as additional insured. Varsity shall provide Customer at least 30 days' prior written notice of cancellation or non-renewal of policy coverage; *provided that,* prior to such cancellation, Varsity shall have new insurance policies in place that meet the requirements of this Section 12 .

12.3 Upon the written request of Customer, Varsity shall provide Customer with copies of the certificates of insurance and policy endorsements for all insurance coverage required by this Section 12 , and shall not do anything to invalidate such insurance. This Section 12 shall not be construed in any manner as waiving, restricting, or limiting the liability of either Party for any obligations imposed under this Agreement including but not limited to, any provisions requiring a Party hereto to indemnify, defend, and hold the other harmless under this Agreement.

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13. Non-Solicitation.

13.1 During the Term of this Agreement and for a period of twelve (12) months thereafter, neither Party shall, directly or indirectly, in any manner solicit or induce for employment any person who performed any work under this Agreement who is then in the employ of the other Party. A general advertisement or notice of a job listing or opening or other similar general publication of a job search or availability to fill employment positions, including on the internet, shall not be construed as a solicitation or inducement for the purposes of this Section 13.1 , and the hiring of any employee or independent contractor who freely responds thereto shall not be a breach of this Section 13.1 .

13.2 If either Party breaches Section 13.1 , the breaching Party shall, on demand, pay to the non-breaching Party a sum equal to one year's basic salary or the annual fee that was payable by the claiming Party to that employee, worker, or independent contractor plus the recruitment costs incurred by the non-breaching Party in replacing such person.

14. Non-Exclusivity. Varsity retains the right to perform the same or similar type of services for third parties during the Term of this Agreement.

15. Force Majeure.

15.1 No Party shall be liable or responsible to the other Party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement (except for any obligations to make payments to the other Party hereunder), when and to the extent such failure or delay is caused by or results from the following force majeure events ("**Force Majeure Events**"): (a) acts of God; (b) flood, fire, earthquake, or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order or law; (e) actions, embargoes, or blockades in effect on or after the date of this Agreement; (f) action by any governmental authority; (g) national or regional emergency; (h) strikes, labor stoppages or slowdowns, or other industrial disturbances; (i) shortage of adequate power or transportation facilities; (j) epidemics, pandemics, and quarantines, such as the events connected with COVID-19; or (k) other similar events beyond the reasonable control of the Party affected by the Force Majeure Event. The affected Party shall give notice within twenty (20) days of the Force Majeure Event to the other Party, stating the period of time the occurrence is expected to continue.

15.2 During the Force Majeure Event, the non-affected Party may similarly suspend its performance obligations until such time as the affected Party resumes performance.

15.3 The affected Party shall use diligent efforts to end the failure or delay and ensure the effects of such Force Majeure Event are minimized and shall resume performance of its obligations as soon as reasonably practicable after the removal of the cause. If the affected Party's failure or delay remains uncured for a period of ninety (90) days following written notice given by it under this Section, either Party may thereafter terminate this Agreement or the applicable Statement of Work upon ten (10) days' written notice.

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16. Miscellaneous.

16.1 Each Party shall, upon the reasonable request of the other Party, promptly execute such documents and perform such acts as may be necessary to give full effect to the terms of this Agreement.

16.2 The relationship between the Parties is that of independent contractors. Nothing contained in this Agreement shall be construed as creating any agency, partnership, joint venture, or other form of joint enterprise, employment, or fiduciary relationship between the Parties, and neither Party shall have authority to contract for or bind the other Party in any manner whatsoever.

16.3 Neither Party shall issue or release any announcement, statement, press release, or other publicity or marketing materials relating to this Agreement, or otherwise use the other Party's trademarks, service marks, trade names, logos, symbols, or brand names, in each case, without the prior written consent of the other Party, which shall not be unreasonably withheld or delayed.

16.4 All notices, requests, consents, claims, demands, waivers, and other communications hereunder shall be in writing and shall be deemed to have been given (a) when delivered by hand (with written confirmation of receipt); (b) when received by the addressee if sent by a nationally recognized overnight courier (receipt requested); (c) on the date sent by facsimile (with confirmation of transmission)/or by email with proof of delivery receipt if sent during normal business hours of the recipient, and on the next business day if sent after normal business hours of the recipient or (d) on the third (3rd) day after the date mailed, by certified or registered mail, return receipt requested, postage prepaid. Such communications must be sent in writing to the respective Parties at the addresses indicated below (or at such other address for a Party as shall be specified in a notice given in accordance with this Section 16.4 .

If to Varsity: P.O. Box 31532
San Francisco, CA 94131
Email: patrick@varsitysf.com
Attention: Patrick Ciccarelli, CEO

If Diocese of California:

16.5 For purposes of this Agreement, (a) the words "include," "includes," and "including" shall be deemed to be followed by the words "without limitation"; (b) the word "or" is not exclusive; and (c) the words "herein," "hereof," "hereby," "hereto," and "hereunder" refer to this Agreement as a whole. Unless the context otherwise requires, references herein: reference to the terms Sections, Schedules, Exhibits, and Statements of Work refer to the Sections of, and Schedules, Exhibits, and Statements of Work attached to this Agreement; reference to an agreement, instrument, or other document means such agreement, instrument, or other document as amended, supplemented, and modified from time to time to the extent permitted by the provisions thereof and reference to a statute means such statute as amended from time to time and includes any successor legislation thereto and any regulations promulgated thereunder. This Agreement shall be construed without regard to any presumption or rule requiring construction

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or interpretation against the Party drafting an instrument or causing any instrument to be drafted. The Schedules, Exhibits, and Statements of Work referred to herein shall be construed with, and as an integral part of, this Agreement to the same extent as if they were set forth verbatim herein.

16.6 This Agreement, together with all Schedules, Exhibits, and Statements of Work and any other documents incorporated herein by reference, constitutes the sole and entire agreement of the Parties to this Agreement with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings and agreements, both written and oral, with respect to such subject matter. In the event of any conflict between the terms and provisions of this Agreement and those of any Schedule, Exhibit or Statement of Work, the following order of precedence shall govern: (a) first, the Statement of Work or Exhibits to this Agreement; (b) second the Agreement exclusive of its Exhibits and Schedules; (and (c) third, any Schedules to this Agreement.

16.7 Neither Party may assign, transfer, or delegate any or all of its rights or obligations under this Agreement, without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed; provided, that, upon prior written notice to the other Party, either Party may assign this Agreement to an Affiliate of such Party or to a successor of all or substantially all of the assets of such Party through merger, reorganization, consolidation, or acquisition. No assignment shall relieve the assigning Party of any of its obligations hereunder. Any attempted assignment, transfer, or other conveyance in violation of the foregoing shall be null and void. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective successors and permitted assigns.

16.8 This Agreement is for the sole benefit of the Parties hereto and their respective successors and permitted assigns and nothing herein, express or implied, is intended to or shall confer upon any other Person any legal or equitable right, benefit, or remedy of any nature whatsoever, under or by reason of this Agreement.

16.9 The headings in this Agreement are for reference only and shall not affect the interpretation of this Agreement.

16.10 This Agreement may be amended, modified, or supplemented only by an agreement in writing signed by each Party hereto. No waiver by any Party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the Party so waiving. Except as otherwise set forth in this Agreement, no failure to exercise, or delay in exercising, any rights, remedy, power, or privilege arising from this Agreement shall operate or be construed as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power, or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power, or privilege.

16.11 If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon such determination that any term or other provision is invalid, illegal, or unenforceable, the Parties hereto shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually

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acceptable manner in order that the transactions contemplated hereby be consummated as originally contemplated to the greatest extent possible.

16.12 This Agreement shall be governed by and construed in accordance with the laws of the State of California without giving effect to any choice or conflict of law provision or rule.

16.13 Each Party acknowledges that a breach by a Party of Section 7 (Intellectual Property Rights; Ownership), Section 8 (Confidentiality), or Section 13 (Non-Solicitation), may cause the non-breaching Party irreparable damages, for which an award of damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the non-breaching Party will be entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance, and any other relief, in addition to any other remedy to which the non-breaching Party may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available at law or in equity, subject to any express exclusions or limitations in this Agreement to the contrary. Any legal suit, action, or proceeding arising out of or related to a breach of Sections 7,8, and 13 of this Agreement shall be instituted in a San Francisco State or Federal Court. Each Party irrevocably submits to the exclusive jurisdiction of such courts in any such suit, action, or proceeding. The prevailing Party shall be entitled to recover its reasonable/actual attorneys' fees and court costs from the non-prevailing Party.

16.14 In the event of a dispute relating in any way to or arising from this Agreement or any Exhibits or Statement of Work, which is unrelated to a breach of Sections 7, 8, 13 and 14, the Parties agree to first submit the dispute to a mediator mutually agreed to by both Parties. Each Party will pay for half of the mediation costs. Each Party will also pay for its own attorney's fees and costs. If the dispute is not resolved in mediation, the dispute shall be submitted to final and binding arbitration before a single arbitrator experienced in and knowledgeable about technology law and licensed to practice law in California. The arbitration shall be held in San Francisco, California in accordance with the then current Expedited Procedures of the Commercial Arbitration Rules of the American Arbitration Association ("**AAA**"). The arbitrator shall be experienced in technology law and mutually accepted by the Parties. If the Parties are unable to agree on an arbitrator, the arbitrator shall be chosen by the AAA. If either Party fails to participate in the arbitration after receiving proper notice thereof, the arbitrator shall render an award based on the evidence presented to him or her. The arbitrator shall not modify or change this Agreement in any way. Each Party shall pay the fees of their respective attorneys, the expenses of their witnesses and any other expenses connected with the arbitration, but all other costs of the arbitration, including the fees of the arbitrator, cost of any record or transcript of the arbitration, administrative fees and other fees and costs shall be paid in equal shares by Varsity and the Customer. The arbitrator shall award the prevailing Party all expenses including its sole expenses and costs, its half of the shared expenses and costs, and all reasonable attorneys' fees (as determined by the arbitrator) incurred by the prevailing Party in connection with the arbitration proceeding. The arbitrator's decision or award shall be fully enforceable and subject to an entry of judgment by a court of competent jurisdiction.

16.15 This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement.

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A signed copy of this Agreement delivered by facsimile, email or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the date first above written.

CUSTOMER:

Voices College-Bound Language Academies

By: _____

Name: Lizzette Ramirez
Title: COO

VARSITY:

VARSITY TECHNOLOGIES INC.

By: _____

Name: Judy Dinglasan
Title: President

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VARSITY TECHNOLOGIES INC.
ELEVATE STATEMENT OF WORK

This Statement of Work ("SOW") adopts and incorporates by reference the terms and conditions of that certain Master Service Agreement dated July 1, 2022 (the "Agreement") by and between Varsity Technologies, Inc. ("Varsity"), and the Customer whose name and authorized signatory appear in the signature block of this SOW ("Customer"), below. Capitalized terms in this SOW will have the same meaning as those in the Agreement, unless otherwise indicated below.

Scope of Services: Work Order

The following Work Order for services (collectively, "Services") will be provided to the Customer:

SUMMARY WORK ORDER

Service	Monthly Fee
Varsity Elevate – Managed User Support	$8,735
Varsity Elevate Managed Support Non-Profit Education Discount	($525)
Varsity Elevate Infrastructure Management	--
OneCloud Hosting	--
OneCloud Managed Backups	--
Varsity Voice	--
ThreatWatch Protect	$1,113
Varsity ThreatWatch Protect Non-Profit Discount	($1,113)
ThreatWatch Action	--
ThreatWatch Manage	--
Student Chromebook Support	$350
Student Apple iPad Support	$600

Total Monthly Fee	**$9,160**

Varsity Elevate Managed User Support

Service	Yes/ No	Quantity	Price Per	Monthly Fee
Managed User Support- Full Time Employee	Y	35	$175	$6,125
Varsity Non-Profit Education Discount	Y	3	$175	($525)
Managed User Support- Teachers	Y	18	$120	$2,160
Managed Workstation Only- Kiosk	N			
Physical Office Support	Y	3	$150	$450
Virtual Office Support (Up to 5 Cloud Apps)	N			
Additional Fee for Full Day Onsite	N			
Additional Fee for Half Day Onsite	Y	3	$750	$2,250
Varsity Education Discount	Y	3	($750)	($2,250)
Antivirus	N			
			Monthly Fee	$8,210

Varsity Elevate Infrastructure Management & Monitoring

Service	Yes/ No	Quantity	Price Per	Monthly Fee
Firewall	N			
Wireless Access Point	N			
Network Switch	N			
Physical Server	N			
Voice Server	N			
Virtual Server	N			
Cloud Application Management – Up to 6	N			

Monthly Fee	

OneCloud Hosting

Service	Yes/ No	Quantity	Price Per	Monthly Fee
Server Infrastructure	N			
Virtual Server/Desktop	N			
Monthly Fee				$0

OneCloud Managed Backups

Service	Yes/ No	Quantity	Price Per	Monthly Fee
OneCloud Datasafe Backup	N			
OneCloud Datasafe Offsite Backup	N			
OneCloud Endpoint Backup	N			
OneCloud Managed Backups	N			
OneCloud Managed Backups M365	N			
Veeam Licensing	N			
Disaster Recovery Service Storage	N			
Monthly Fee				$0

Varsity ThreatWatch Protect

Service	Yes/ No	Quantity	Price Per	Monthly Fee
Device Encryption	N		$5.00	$0
Email Encryption	N		$4.00	$0

Email Antispam	N		$4.00	$0
Password Vault	Y	53	$0.00	0
Multi-Factor Authentication	Y	53	$7.00	$371
Single Sign On	Y	53	$7.00	$371
Mobile Device Management	Y	53	$7.00	$371
Cyber Security Training	N		$5.00	
Varsity ThreatWatch Protect Education Discount	Y			($1,113)
			Monthly Fee	**$ 0**

Varsity ThreatWatch Action

Service		Quantity	Price Per	Monthly Fee
Anti-ransomware with EDR- Servers	N		$8.00	$0.00
Anti-ransomware with EDR- Workstations	N		$6.00	$0.00
24 x 7 SOC Monitoring- Endpoints (up to 50 IP endpoints – same network, one probe)	N		$700	$0.00
24 x 7 Remote Worker and Cloud App Monitoring	N		$20	$0.00
			Monthly Fee	**$0**

Varsity Student Support

Service		Quantity	Price Per	Monthly Fee
Varsity Chromebook Support		1	$350	$350
Varsity Apple iPad Support		120	$5.00	$600

Incident Response Plan			Request Quote	$0.00
			Monthly Fee	**$950**

Quantity Adjustments

Additions for new users, devices, and service will adjust on the 1st of the month. If the user adds a new device, user, or service, the fees will be added per the fee schedule in this Statement of Work.

Price Adjustments

The per unit fee for Elevate service will increase 3% at the beginning of each year in the term.

Term; Termination

The Services will commence, and billing will begin, on the date that Onboarding (as described on Schedule B) begins or on the date which the Services are implemented and operational ("Commencement Date"), whichever comes first.

This SOW between Varsity and the Customer shall remain in force for a period of thirty-six (36) months (the "Term") and be reviewed monthly during the Term to address any necessary adjustments or modifications to the Quantities of the Scope of Services. The Term of this SOW automatically renews at the end of the term, unless either party gives the other ninety (90) days prior written notice of its intent not to renew this SOW or the Agreement.

Any additional fees or setup costs that are not covered above or by the Onboarding described on Schedule B will be defined in a separate statement of work executed by Varsity and Customer prior to the start of that work.

Varsity Elevate Statement of Work does not include third party monthly recurring charges such as Microsoft Office 365, AWS, Azure, domain registration, SSL certificates, etc.

During the Elevate onboard process both parties will confirm the actual endpoint counts, users, and cloud applications and adjust the Monthly Recurring Charge accordingly.

The Services to be provided by Varsity hereunder shall be subject to the Additional Terms and Conditions set forth in Schedule A, attached hereto and incorporated herein by this reference.

Assumptions / Minimum Requirements / Exclusions

The scheduling, fees and provision of the Services are based upon the following assumptions and minimum requirements:

- Changes to services will be communicated and documented to the Customer by Varsity.
- Quantity changes will affect your monthly recurring fees consistent with pricing in the Scope of Services.

Exclusions. The following services are expressly excluded under this SOW:

- Elevate service does not include major hardware failures, major proprietary software upgrades, major hardware installation, project implementations, telecom/circuit changes.
- Elevate Help Desk service does not cover new user or workstation setup, onsite support, or support for home networks.
- All out of scope work will be billed at the currently published rates on Varsity's rate sheet. Please request the current rate sheet from sales@varsitysf.com.

Authorized Contact(s)

In addition to the signatories to this SOW, the following person(s) shall be the Customer Contract Manager(s) for Customer and may act as Varsity's primary contact with full authority to execute changes to this Statement of Work in addition to authorizing purchases or additional Statements of Work:

	Full Name	Email	Phone	Mobile
	Lizette Ramirez	lramirez@voicescharterschool.com	(408) 361-1960	(408) 314-9640
	Haley Coughlin	hcoughlin@voicescharterschool.com	(408) 361-1960	(732) 439-0246

Customer contacts may update and change this list online using Varsity's Customer web application portal. Any changes made online to this list of contacts is considered current and binding and is incorporated into this section, Authorized Contacts.

The signed parties below agreed to the scope of services and the terms and conditions specified in this Statement of Work and the attached Schedules.

CUSTOMER: Voices College-Bound Language Academies

By: _____

Name: Lizzette Ramirez

Title: COO

Date: 05 / 26 / 2022

VARSITY: VARSITY TECHNOLOGIES INC.

By: _____

Name: Judy Dinglasan

Title: President

SCHEDULE A

Additional Terms and Conditions

Maintenance Services

Unless otherwise provided in this SOW, maintenance services will be applied in accordance with the recommended practices of the managed services industry. Customer understands and agrees that maintenance services are not intended to be, and will not be, a warranty or guaranty of the functionality of any particular device, or a service plan for the repair or remediation of any particular managed hardware or software. Repair and/or device remediation services are not covered under VARSITY's maintenance service plan and shall be provided on an hourly basis to Customer.

Monitoring Services; Alert Services

Unless otherwise indicated in this SOW, all monitoring and alert-type services are limited to detection and notification functionalities. These functionalities are guided by Customer-designated policies, which may be modified by Customer as necessary or desired from time to time. Initially, the policies will be set to a baseline standard as determined by VARSITY; however, Customer is advised to establish and/or modify the policies that correspond to the Customer's specific monitoring and notification needs.

Customer Any security solution may be circumvented and/or rendered ineffective if a user purposely or intentionally downloads or installs malware (such as a rootkit) onto the user's system. Customer is strongly advised to refrain from downloading files that are sent by unknown users, and/or users or files whose origination cannot be verified. VARSITY does not warrant or guarantee that all viruses and malware will be capable of being removed, or that all forms of viruses and malware will be timely detected or removed.

To improve security awareness, you agree that VARSITY or its designated third-party affiliate may transfer information about the results of processed files, information used for URL reputation determination, security risk tracking, and statistics for protection against spam and malware. Any information obtained in this manner does not and will not contain any personal or confidential information.

Cloud Application Support – Office 365, Azure AD Basic, Exchange Online

Elevate premium services include support, administration, and configuration of Microsoft Office 365, Azure AD Basic service, and Exchange Online (365 email). Customer agrees to hold Varsity harmless for any responsibility for, and Varsity shall not have any liability for, the security, confidentiality and integrity of all email, and the content of all email, received, transmitted, or stored through the third-party service.

Customer shall not upload, post, transmit or distribute (or permit any of its authorized users of the Hosted Email to upload, post, transmit or distribute) any prohibited content, which is generally content that (i) is obscene, illegal, or intended to advocate or induce the violation of any law, rule or regulation, or (ii) violates the intellectual property rights or privacy rights of any third party, or (iii) mischaracterizes you, and/or is intended to create a false identity or to otherwise attempt to mislead any person as to the identity or origin of any communication, or (iv) interferes or disrupts the services provided by VARSITY or the services of any third party, or (v) contains viruses, Trojan horses or any other malicious code or programs.

In addition, Customer shall not use the service for the purpose of sending unsolicited commercial electronic messages ("SPAM") in violation of any federal or state law.

VARSITY reserves the right, but shall have no obligation, to suspend Customer's access or use to the Hosted Email and/or all transactions occurring under Customer's account if VARSITY believes, in its discretion, that Customer's email account is being used in an improper or illegal manner or if instructed by the vendor or by a law enforcement agency.

Patch Management

VARSITY shall keep all managed equipment and software current with critical patches and updates ("Patches") as such Patches are released by the manufacturers of the applicable hardware or software. Patches and updates are developed by third party vendors and, on rare occasions, may make the System, or portions of the System, unstable, or cause the managed equipment or software to fail to operate properly even when the Patches are installed correctly. VARSITY shall not be responsible for any downtime or losses arising from or related to the installation or use of any Patch, provided that the Patch was installed in accordance with manufacturer's instructions. VARSITY reserves the right, but shall have no obligation, to refrain from installing a Patch if VARSITY is aware of technical problems caused by a Patch, or believes that a Patch may the System, or any portion of the System, unstable.

Vendor Management

Varsity will assist Customer in the management of the Customer's third-party technology vendors. Customer will be required to have a vendor support agreement in place for core industry specific applications, phone systems, third party cloud infrastructure vendors such as Amazon, Salesforce, Google, and Azure, etc. and large volume printer/copiers. Varsity will help escalate and manage third party vendor trouble tickets. Major third-party software or hardware upgrades will be out-of-contract and billed at project rates Varsity is not responsible for invoices associated with unsupported or out of warranty applications/equipment and will pass through any associated charges.

Procurement

Equipment and software procured by VARSITY on Customer's behalf ("Procured Equipment") may be covered by one or more manufacturer warranties, which will be passed through to Customer to the greatest extent possible. By procuring equipment or software for Customer, VARSITY does not make any warranties or representations regarding the quality, integrity, or usefulness of the Procured Equipment. Certain equipment or software, once purchased, may not be returnable or, in certain cases, may be subject to third party return policies and/or re-stocking fees, all of which shall be Customer's responsibility if a return of the Procured Equipment is requested.

VARSITY is not a warranty service or repair center. VARSITY will facilitate the return or warranty repair of Procured Equipment; however, Customer understands and agrees that the return or warranty repair of Procured Equipment is governed by the terms of the warranties (if any) governing the applicable Procured Equipment, for which VARSITY shall be held harmless.

Quarterly Business Review; IT Strategic Planning

Suggestions and advice rendered to Customer are provided in accordance with relevant industry practices, based on the Customer's specific needs. By suggesting a particular service or solution, VARSITY is not endorsing any particular manufacturer or service provider. VARSITY is not a warranty service or repair center and does not warrant or guarantee the performance of any third-party service or solution.

Technical Management

The advice and suggestions provided by Varsity will be for the Customer's informational and/or educational purposes only. Varsity employees will not hold an actual director or officer position with Customer, and Varsity will neither hold nor maintain any fiduciary relationship or position with Customer. Under no circumstances shall Customer list or place Varsity or Varsity staff or its representatives on the Customer's corporate records or accounts

Technical Management services are provided as part of Elevate premium services for questions, guidance, research, and advised as needed. Services include quarterly review of Varsity's IT audit reports, preparation of information for quarterly meetings, and conducting quarterly meetings with the Point of Contact. Varsity's responsibility for this service will be deemed fulfilled if Varsity completes the review and reporting regardless of whether or not Customer is able to attend a quarterly meeting.

Diagnostic / Auditing Services

Any diagnostic or auditing services performed by VARSITY may require VARSITY to install a small amount of code ("Diagnostic Code") on one or more of the devices attached to the System. The Diagnostic Code is deleted in its entirety after the testing process concludes. No personal information or personal data will be reviewed or copied by VARSITY at any time during the testing process. No files will be erased, modified, opened, reviewed, or copied at any time during the testing process. The Diagnostic Code will not install or create any disabling device, or any backdoor or hidden entryway into the System. The results of the diagnostic testing will be kept confidential by VARSITY.

You grant VARSITY permission to access the System for the purpose of conducting the diagnostic testing, and agree to hold VARSITY harmless from and against any and all incidents or damages that may occur during or as a result of the testing process, regardless of the cause of such damages including but not limited to data loss due to events beyond VARSITY's reasonable control, network or communication outages, and deficiencies or errors in any of hardware or equipment that may interrupt or terminate the diagnostic testing process.

The testing process is for diagnostic purposes only. The process is not intended, and will not be used, to correct any problem or error in the System. VARSITY does not warrant or represent that the testing process will result in any particular outcome, or that any particular issue, hardware or software configuration will be correctly detected or identified.

Elevate Help Desk

Help desk support is provided between the hours of 8 AM and 6 PM PST, Monday through Friday.

Standard Help Desk service is unavailable outside of business hours. All Elevate full coverage customers have access to emergency support 24x7. Elevate help desk or Backoffice customers are charged time and a half for any support or assistance outside of normal business hours and therefore are classified as emergency services. Help desk support is provided via email or telephone; onsite support may be subject to additional charges.

Help desk support is provided on a first-come, first-serve basis with prioritized accommodations for urgent or critical-type issues as determined by Varsity.

Help desk support will be provided in accordance with the following table:

Category of Issue	Time to Respond
Critical/System Wide (*i.e.*, total outage; corporate-wide impact; issue prevents or significantly degrades all or substantially all of Customer's workflow, and no workaround is available.)	Within 30 minutes after notice of the issue is received by VARSITY.
High Priority (*i.e.*, partial outage impacting Customer's workflow; System performance is degraded below normal acceptable levels; workaround is available.)	Within 60 minutes after notice of the issue is received by VARSITY.
Next Available (*i.e.*, no substantial degradation of performance; inconveniences experienced by users; workaround is available.)	Within four (4) hours after notice of the issue is received by VARSITY.
Next Business Day (*i.e.,* no substantial degradation but may affect user's ability to meet productivity requirements.)	Within 1 business day (submitted no later than 2pm PST) or at an agreed upon time per the user or Customer

Onsite and Field Support

Onsite and field support are provided as an escalated service when remote support or troubleshooting is unable to resolve the issue for the customer. Onsite and field support is provided ad-hoc based on the technical need of the issue or as directed by Varsity. Help desk service levels do not apply to escalated issues, but Varsity will take all reasonable actions to schedule an onsite visit as soon as possible.

Fees for onsite and field support services are only covered under Elevate complete service.

Scheduled or recurring onsite visits are available and can be provided at an additional fee and are billed, per this statement of work, in blocks of 3.5 hours. **Varsity strongly recommends that all Customers have at least one scheduled onsite per week.**

If Onsite and Field Support are covered under this Statement of Work, Varsity will accept responsibility for reasonable charges for travel time, parking, toles, miles and other transit costs. In the event that those charges are considered excessive, Varsity will bill Customer for actual expense reimbursement. Excessive expenses include, but are not limited to, extended travel time, parking fees that exceed $20, or requirements to travel distances that exceed 50 miles one way.

Desktop Support

In the event that a desktop computer requires additional support beyond normal help desk support, Varsity will provide these services if so covered under the services in this Statement of Work. Desktop support is not included in Elevate BackOffice or Elevate Help Desk.

Major version upgrades to operating systems or replacement of desktop software or hardware is not covered under this Statement of Work. If a replacement or upgrade service is requested, Varsity will provide an estimate to perform the work in advance.

Escalated Support

As Varsity deems necessary, Varsity will elect to escalate a service request, alert, or other notification to the Escalation tier of administrators and engineers. In the event an escalation is required, the escalation will be excluded from the Help Desk service levels. Varsity will make every effort to schedule the response and resolve the issue. Customer acknowledges that this escalation service is provided based on availability and is scheduled in advance. In the event of a major outage (as defined by Varsity), Varsity will work diligently to prioritize and respond to that issue with the appropriate staff person. Varsity acknowledges that in a major outage that time is of the essence and will take reasonable measures to address it as such.

Varsity provides Escalated Support to Help Desk customers for an additional fee as outlined in the MSA.

Remote Worker and Work from Home Support

Partial or full-time remote workers receive full user and application support but are not covered under full support.

Customer may elect to sign up for the Varsity@Home remote worker solution and receive full user, network, and hardware support.

Varsity does not provide onsite support to remote workers in their homes or other third-party locations. Varsity will make appointments at a Varsity designated location such as a Varsity office or shared space office that is in the closest proximity to the employee.

Unsupported Configuration Elements or Services

If Customer requests service for a hardware, software, hosting service, or cloud application in a manner that is not customary at VARSITY, or that is in “end of life” or “end of support” status, VARSITY may designate the element or service as “unsupported,” “non-standard,” “best efforts,” “reasonable endeavor,” “one-off,” “EOL,” “end of support,” or with like term in the service description (an “Unsupported Service”). VARSITY makes no representation or warranty whatsoever regarding any Unsupported Service, and Customer agrees that VARSITY will not be liable to Customer for any loss or damage arising from the

provision of an Unsupported Service. Deployment and service level guarantees shall not apply to any Unsupported Service.

Customer Point of Contact (POC) Requirements

Customer POC must respond to VARSITY communication in a timely manner-as soon as possible; assist and participate in the Elevate Onboarding process per the VARSITY Onboarding project plan; help and facilitate the VARSITY Technical Account Manager (TAM) and Support Team in communication with Customer management/executive team, end users, vendors and any appropriate parties related to technology.

The Customer Point of Contact agrees to meet quarterly (in person or virtually) for the purposes of performing regular management and oversight with Varsity staff. Varsity will be responsible for requesting and scheduling ongoing meetings.

The Customer Point of Contact is hereby identified as an individual representing Customer with the authority to make changes to the service.

Initial X_____

Monitoring/Alert Management & On Call

The Services for Elevate Premium and Elevate Backoffice are provided by phone 24x7x365 for incident response with proactive response to our alerting system from 6am – 10pm. All alerts received from 10pm – 6am will be investigated and responded to beginning at 6 am the following morning. VARSITY will respond to problems, errors or interruptions in the provision of the Services in the timeframe(s) described below. Elevate Help Desk is excluded from on-call services outside of business hours.

Support Hours – Dedicated Desk & Team: Monday – Friday 8 am – 5 pm MST*
*All other times – On Call Engineers Available 24x7x365 via phone 303-255-1941
Monitoring Alert Management Seven Days a Week from 6 am- 10 pm only

Trouble / Severity	Managed Service Plan*	A La Carte / Services not Covered by a Plan
Critical problem: Service not available (all users and functions unavailable)	Remediation efforts will begin within two (2) hours based on the service level timeframe(s).	Best efforts.

Significant degradation of service (large number of users or business critical functions affected)	Remediation efforts will begin within four (4) business hours after notification.	Best efforts.
Limited degradation of service (limited number of users or functions affected, business process can continue).	Remediation efforts will begin within eight (8) business hours after notification.	Best efforts.
Small service degradation (business process can continue, one user affected).	Remediation efforts will begin within two (2) business days after notification.	Best efforts.

* All time frames are calculated as of the time that VARSITY is notified of the applicable issue / problem by Customer through VARSITY's designated support portal, support text, email, or by telephone. Notifications received in any manner other than described herein may result in a delay in the provision of remediation efforts.

SCHEDULE B

Customer Onboarding Process

Contingencies/Exceptions

There are contingencies or exceptions that may occur in the early stages of our engagement that may cause delays in our proven onboarding process. Prioritization in partnership between VARSITY and Customer must be communicated to reset expectations in delivery of either the timeline for onboarding or the delivery of a contingency or exception. Please see EXAMPLES of contingencies and exceptions below:

- Customer recently experienced ransomware attack and we are assisting in their recovery from that attack. This attack may delay the Elevate onboard process and will require infrastructure projects in order to fully recover the Customer.
- Customer has requested the following critical projects during the Elevate onboard process which may delay the Elevate onboard process.
- Customer has a workgroup environment requiring additional on-site hours and may delay the Elevate onboard process.

Minimum Requirements for Support to Go-Live

VARSITY must have confirmed and complete delivery, access and documentation of the following minimum Customer requirements prior to infrastructure and/or help desk support going LIVE. Should delivery, access and documentation of any of the following requirements be delayed, the Elevate Onboard Timeline will be extended, and the Support Go-Live date will change:

1. Documentation from current provider/IT
2. Deployment of RMM management software
3. Documentation Needed
    a. Username/Passwords
        i. Email Administration
        ii. Registrar/DNS
        iii. Firewall Admin iv. Domain Admin
        v. Local Admin
        vi. Network Device Passwords
    b. Inventory for all physical devices
    c. Vendor information
        i. ISP
        ii. Phones
        iii. Copiers
        iv. Security
        v. Applications
    d. Application and Licenses
    e. Remote Access
    f. Wireless info
    g. Printing
    h. Domains
4. Assist in Transferring Accounts/Services to VARSITY

Passwords and Account Access: Onboarding fee does not include the cost to retrieve account and vendor information. If customer is unable to provide login credentials such as passwords, Varsity may assist in attempts to recover this information through technical means or through facilitation of recovery with vendor. Services will be billed on an hourly basis per the hourly rate sheet as outlined in the MSA.

SCHEDULE C

Varsity ThreatWatch Cybersecurity Datasheet

As of December 2020

Varsity partners with leading vendors and providers to deliver a best-in-class multi-layer IT security solution. Varsity continually re-evaluates technologies, products, and services to include in its security offering. The make up or vendors involved in the security solutions may change from time to time. Varsity will notify customer at least 30 days in advance of any changes.

Currently, the Varsity ThreatWatch offering includes any one of the following as specified in the Scope of Services.

ThreatWatch Protect

Below is a list of services included in ThreatWatch Protect bundle of available services.

Anti-ransomware with Endpoint Detection and Response

Managed Detection and Response, by analyzing quarantined applications and files, reducing false positives, and ensuring comprehensive protection.

Threat Detection rapidly recognizes many thousands of viruses and malware attack variants including crypto-mining attacks as well as the root causes of these malicious behaviors by quickly identifying and diagnosing corrupt source processes and system settings.

Next-Generation Endpoint Security, provides unique malware detection and remediation technology. This solution incorporates innovative prevention technology, providing visibility into the root causes and origins of the threat, reversing the malicious operations of ransomware, and remediating automatically.

Muli-factor Authentication (MFA)

License, monitor, manage, and maintain cloud based multifactor authentication for Microsoft 365, Google Workspace, Google for Education, and all supported cloud applications. Integrates with Single Sign On platforms.

Single Sign On (SSO)

Cloud single sign on services will be managed and support by Varsity. Single sign on services provides a central means to allow employee and staff access to applications and data using a single set of identity credentials. SSO may be used with or without MFA.

Multifactor Authentication for Desktops/Laptops

License, monitor, manage, and maintain multifactor authentication technology at the desktop level for Macs and PCs. The multifactor technology can be part of an existing single sign-on service, use its integrated SSO service, and can be added to any cloud based SAML application that supports third party MFA.

Web Filtering/DNS Protection

Prevent computers from visiting malicious or prohibited-by-policy locations on the internet. Reduces risk of infection. Travels with the user/computer. Features more than 80 URL categories for blocking. This service is available through Web/URL technologies at the endpoint and for Firewalls that are subscribed with the Web filtering service.

Domain Monitoring

This monitors the network passwords of all users in Active Directory and alerts if the credentials plus their email have been detected in a breach.

Security Awareness Training

The service includes customized security awareness training modules designed to educate your users about security threats and how to avoid them on an ongoing basis. The training modules can be exported to your electronic training and learning platform. It also includes regular user testing of phishing attempts and provides a report with analysis.

Anti-Virus / Anti-Malware

VARSITY's anti-virus / anti-malware solution will generally protect the Customer's system from becoming infected with new viruses and malware ("Viruses"); however, Viruses that exist on the Customer's system at the time that the security solution is implemented may not be capable of being removed without additional services, for which a charge may be incurred.

Device Encryption

Cloud managed support for drive encryption on Windows and Mac OS computers using embedded drive encryption technologies. Varsity will support the configuration of, and deployment of new devices as they come online. Varsity will provide a report when requested. As needed troubleshooting of devices online. Monthly fee does not include encryption recovery or data recovery services.

Mobile Device Management (MDM)

Cloud managed MDM service for android and ios devices. Supports device configuration management, policy management, encrypted containers, and geo location (when available and enabled on the device). Varsity supports updates to existing policies, device configuration options, and changes to existing encrypted containers. Emergency lock out and remote device wipe services included in fee.

ThreatWatch Action

The global 24/7 SOC provides both automated and engineer-assisted security detection and response. This includes:

Monitoring and analysis. Monitor key log files and device activity data for all included and covered IP addresses to identify and correlate events that could be malicious, while providing additional security and adherence to regulatory guidelines.

Automated Correlation. Security events across tools provides faster identification of issues through more comprehensive understanding of each threat including increased ability to discover advanced attacks.

Analyst review of events to identify false positives and potential risks that could lead to threats.

ThreatWatch Manage

Cyber-security consultant engaged and dedicated to review and mitigate security issues through quarterly reviews and assessments. Maximizes security services value with oversight.

Create quarterly Security Products and Services Executive Summary report for accountability and executive review. Review SOC actions and improve accountability.

Options to manage annual reviews and audits. Option to prepare an Incident Response Plan.

Additional Services Conducted by Certified Third Party

- Penetration Test
- Vulnerability Assessment
- HIPAA Audit
- SOC Audit
- Cybersecurity Review

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Audit Trail

TITLE	Varsity MSA and Elevate SOW - Voices College-Bound Language...
FILE NAME	Voices Academies MSA.pdf and 1 other
DOCUMENT ID	e3edd8bc7a77130bbecb6c3b35bbf23b81639b6c
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	Signed

Document History

SENT	**05 / 25 / 2022** 00:41:25 UTC	Sent for signature to Lizette Ramirez (lramirez@voicescharterschool.com) and Judy Dinglasan (jdinglasan@varsitysf.com) from jdinglasan@varsitysf.com IP: 69.181.154.77
VIEWED	**05 / 25 / 2022** 03:37:26 UTC	Viewed by Lizette Ramirez (lramirez@voicescharterschool.com) IP: 99.57.142.216
SIGNED	**05 / 27 / 2022** 03:52:01 UTC	Signed by Lizette Ramirez (lramirez@voicescharterschool.com) IP: 99.57.142.216
VIEWED	**06 / 01 / 2022** 01:15:31 UTC	Viewed by Judy Dinglasan (jdinglasan@varsitysf.com) IP: 69.181.154.77
SIGNED	**06 / 01 / 2022** 01:15:47 UTC	Signed by Judy Dinglasan (jdinglasan@varsitysf.com) IP: 69.181.154.77
COMPLETED	**06 / 01 / 2022** 01:15:47 UTC	The document has been completed.

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KAISER PERMANENTE®
Small Business
3100 Thornton Ave.
Burbank, CA 91504

LIZZETTE RAMIREZ
VOICES COLLEGE-BOUND
LANGUAGE ACADEMIES
6840 VIA DEL ORO STE 160
SAN JOSE, CA 95119-1372

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CALIFORNIA

Your 2022 Renewal

A BETTER WAY TO MANAGE RENEWALS

LIZZETTE RAMIREZ
VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
6840 VIA DEL ORO STE 160
SAN JOSE, CA 95119-1372

Group ID: 659709
Renewal Effective Date: September 01, 2022

Fredrick Wiener
Fredrick Doron Wiener

Renewal Monthly Premium: ***$63,793.94***
Current Monthly Premium: ***$61,895.83***
% Change: ***3.07%***
$ Change: ***$1,898.11***

Important Information about your renewal

- **If you'd like to continue with your renewal plan(s), there's nothing you need to do.**
- **Premium change —** The 2022 premium estimate shown above is based on your group's current enrollment and may change depending on the number of employees and dependents who actually enroll.
- **Please visit account.kp.org for information on:**
  - 2022 renewal support documents—
    - Refer to the Plan Highlights for all Kaiser Permanente small business medical and dental plans.
    - See our Small Business Guidelines for policy and qualification updates.
  - New Plan - Gold 80 HDHP HMO 1600/15% + Child Dental Alt
    - This is a lower deductible HDHP plan that offers a richer plan design for employees to take advantage of a Health Savings Account (HSA). Please note, Alt plans include chiropractic/ acupuncture benefits with the exception of the Gold 80 HDHP HMO 1600/15% + Child Dental Alt.
  - 2022 change and clarification notices — Learn about plan updates and health benefit changes.

We value your business and are committed to the health of your employees.

On account.kp.org

- Explore different renewal options
- Submit plan changes
- View and pay your monthly premium
- Easy access to important documents

Need help?

Contact your broker who may transact on your behalf or Small Business Account Management Support Team at 800-790-4661, option 3.

To learn how to protect your employees from COVID-19, please visit: healthy.kaiserpermanente.org/health-wellness/coronavirus-information.

CA_RNWL_3/1/19

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Your 2022 renewal checklist

This checklist makes it easy to complete your 2022 renewal. **If your group is undergoing a recertification review,** this renewal or any changes you submit won't be effective until your group has received approval to renew from our Recertification Department. Visit account.kp.org for more information.

☐ **1. Review your 2022 plan(s) and premium.**

If you like your renewal coverage and don't want to make any plan or employee changes, please skip to step 4.

☐ **2. Make plan changes.**

- **Renewal Options and Plan Benefits:** This section can help you decide which plan options are right for your business. Many employees like being able to choose from a selection of plan and cost-share options.
- **Plan Highlights and Small Business Guidelines:** For more information about all the plans we offer and for policy and qualification guidelines, visit account.kp.org.
- **Health savings account (HSA) and health reimbursement arrangement (HRA) options:** Learn about the advantages of pairing an HDHP or HRA medical plan with an HSA or HRA administered through Kaiser Permanente. See the "Health Payment Accounts" page in the Plan Highlights. Please also call our Small Business Account Management Support Team at **800-790-4661, option 3,** to find out about additional required documents and administration fees for these options.

☐ **3. Make enrollee or dependent changes.**

To make enrollee or dependent changes, download the most current versions of our forms at account.kp.org:

- **Employee Enrollment:** Add employees and their dependents.
- **Employee/Dependent Change:** Update employee and dependent information.
- **Subscriber Termination and Transfer:** Terminate coverage for an employee and dependent. Fax your completed forms to 855-355-5334

☐ **4. Continue to meet grandfathered (nonmetal) plan requirements.**

If you have grandfathered (nonmetal) plans, see the "Understanding your grandfathered (nonmetal) plans" page in this booklet. Make sure any grandfathered (nonmetal) plans continue to meet grandfathering requirements including but not limited to, the requirements regarding employer contribution rates. If any of your grandfathered (nonmetal) plans no longer qualifies for renewal, then you'll need to cancel or replace it. Please note that your group contract will include a representation regarding continued compliance with the requirements for offering grandfathered health plan(s) to your group including your group's contribution rate. Your group is obligated to give immediate notice to Health Plan of any material changes to such grandfathered health plan(s) during the plan year that would cause the loss of grandfathered status of the plan(s).

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☐ 5. **Review your ERISA status.**

If your Employee Retirement Income Security Act (ERISA) status shown on the “2022 renewal changes” form is incorrect, please update and fax the requested information to **800-369-8010**, or email it to **amt@kp.org:**.

☐ 6. **Submit your changes before your renewal effective date.**

Complete the “2022 renewal changes” form to request any plan changes before your renewal date. **Note:** If you decide to cancel any grandfathered (nonmetal) plans, you won’t be able to go back to it.

- Please be sure to sign and submit **all sections (1–10)** of the form by the 1st of your renewal effective month to **amt@kp.org,** or fax it to **800-369-8010.**
- Plan changes received by 5 p.m. Pacific time (PT) on the 15th of the month will be applied retroactively to the 1st of your renewal month. Plan changes received after 5 p.m. PT on the 15th of the month will be effective on the 1st of the following month.

You'll receive a plan change acknowledgment letter when the request is approved.

☐ 7. **Provide your employees and their dependents with SBCs.**

Under the Affordable Care Act (ACA), you’re required to give Summary of Benefits and Coverage (SBC) documents to employees and dependents for the plans they enroll in. For more information about SBCs, please visit **account.kp.org**:.

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VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Your Kaiser Permanente Portfolio

Your current medical plans are listed below. **The lists are not intended to show plan mapping from current plan to renewal plan.** Please see the Medical Plan Renewal Rates census section for employee plan mapping from their current medical plan to their renewal medical plan.

Current Medical Plans	Renewal Medical Plans
Platinum 90 HMO 0/20 + Child Dental Gold 80 HMO 250/35 + Child Dental Silver 70 HMO 2250/55 + Child Dental	Platinum 90 HMO 0/20 + Child Dental Gold 80 HMO 250/35 + Child Dental Silver 70 HMO 2250/55 + Child Dental

Current Dental Plans	Renewal Dental Plans
Not offered	Not offered

Contribution to Employee Medical Plan Premium	Contribution to Dependent Medical Plan Premium
50% of the premium for the plan the employee enrolls in	Not contributing

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VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Medical Plan Renewal Rates

All metal plans cover ACA-defined essential health benefits, which include child dental services only for enrolled children age 0-18. See the Small Business Guidelines at account.kp.org for more information

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
1 **AGUILAR, GABRIELA**	Employee	32	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$397.12	$406.28	2.31%	$9.16
					Employee Total	**$397.12**	**$406.28**	**2.31%**	**$9.16**
2 **ALCAZAR, JOSE**	Employee	23	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
3 **ALEJANDRE, CAROLINA**	Employee	32	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$520.42	$537.88	3.35%	$17.46
					Employee Total	**$520.42**	**$537.88**	**3.35%**	**$17.46**
4 **ANAYA, MAYRA**	Employee	29	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$438.67	$458.14	4.44%	$19.47
					Employee Total	**$438.67**	**$458.14**	**4.44%**	**$19.47**
5 **ANDRADE, GISELLE**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**
6 **ARRIAGA, MICHELLE**	Employee	34	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$483.46	$497.03	2.81%	$13.57
					Employee Total	**$483.46**	**$497.03**	**2.81%**	**$13.57**
7 **AVILA, TALINA**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**

KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	44	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$464.97	$479.77	3.18%	$14.80
					Employee Total	**$464.97**	**$479.77**	**3.18%**	**$14.80**
9 **BANUELOS, LILIANA**	Employee	26	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$405.17	$419.24	3.47%	$14.07
					Employee Total	**$405.17**	**$419.24**	**3.47%**	**$14.07**
10 **BARAHONA, NANCY**	Employee	28	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$422.93	$445.04	5.23%	$22.11
					Employee Total	**$422.93**	**$445.04**	**5.23%**	**$22.11**
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	24	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$403.56	$409.42	1.45%	$5.86
					Employee Total	**$403.56**	**$409.42**	**1.45%**	**$5.86**
12 **BARRON, CATHERINE**	Employee	44	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$547.63	$571.96	4.44%	$24.33
	Dependent	14				$322.71	$327.19	1.39%	$4.48
					Employee Total	**$870.34**	**$899.15**	**3.31%**	**$28.81**
13 **BERNAL, ROBERTO**	Employee	34	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$537.93	$551.97	2.61%	$14.04
	Spouse	28				$470.58	$494.23	5.03%	$23.65
					Employee Total	**$1,008.51**	**$1,046.20**	**3.74%**	**$37.69**
14 **CABALLERO-SANCHEZ, MAKAYLA**	Employee	25	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$342.64	$344.80	0.63%	$2.16
					Employee Total	**$342.64**	**$344.80**	**0.63%**	**$2.16**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
15 **CARRERA-VILLARREAL, BRINCY**	Employee	28	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
	Spouse	27				$459.80	$476.50	3.63%	$16.70
					Employee Total	**$930.38**	**$970.73**	**4.34%**	**$40.35**
16 **CARROLL, ADRIENNE**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**
17 **CAZARES, SUSANA**	Employee	33	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$477.41	$490.48	2.74%	$13.07
					Employee Total	**$477.41**	**$490.48**	**2.74%**	**$13.07**
18 **CERVANTES, NINA**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**
19 **CHAVEZ GAMA, MIRIAM**	Employee	27	Employee + Child(ren)	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$459.80	$476.50	3.63%	$16.70
	Dependent	4				$357.49	$361.82	1.21%	$4.33
					Employee Total	**$817.29**	**$838.32**	**2.57%**	**$21.03**
20 **CIPRIANO, CECILIA**	Employee	30	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$383.42	$389.79	1.66%	$6.37
					Employee Total	**$383.42**	**$389.79**	**1.66%**	**$6.37**
21 **CISNEROS, DIANA**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
22 **CORONA, JENIFER**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
23 **CORTES, PRISCILLA**	Employee	30	Employee + Child(ren)	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$383.42	$389.79	1.66%	$6.37
	Dependent	10				$276.11	$276.71	0.22%	$0.60
					Employee Total	**$659.53**	**$666.50**	**1.06%**	**$6.97**
24 **COUGHLIN, HALEY**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
25 **DAILY, MATTHEW**	Employee	36	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$548.71	$559.25	1.92%	$10.54
					Employee Total	**$548.71**	**$559.25**	**1.92%**	**$10.54**
26 **DEBERRY, CHRISTINA**	Employee	36	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$418.71	$422.42	0.89%	$3.71
					Employee Total	**$418.71**	**$422.42**	**0.89%**	**$3.71**
27 **DENSION, SOMMER**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
28 **DO, QUE**	Employee	27	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$350.87	$359.91	2.58%	$9.04
					Employee Total	**$350.87**	**$359.91**	**2.58%**	**$9.04**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
29 **FERNANDEZ, AIDEE**	Employee	43	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$534.71	$555.58	3.90%	$20.87
	Dependent	16				$350.15	$365.68	4.44%	$15.53
	Dependent	13				$322.71	$327.19	1.39%	$4.48
					Employee Total	**$1,207.57**	**$1,248.45**	**3.39%**	**$40.88**
30 **FERNANDEZ, BIANCA**	Employee	25	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$403.56	$411.06	1.86%	$7.50
					Employee Total	**$403.56**	**$411.06**	**1.86%**	**$7.50**
31 **FLORES, DEANNA**	Employee	59	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$1,028.26	$1,065.71	3.64%	$37.45
					Employee Total	**$1,028.26**	**$1,065.71**	**3.64%**	**$37.45**
32 **FRIAS, JOCELYN**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**
33 **GABRIEL, BRIGIDA**	Employee	28	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
					Employee Total	**$470.58**	**$494.23**	**5.03%**	**$23.65**
34 **GARCIA, ELIZABETH**	Employee	53	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$876.50	$927.54	5.82%	$51.04
					Employee Total	**$876.50**	**$927.54**	**5.82%**	**$51.04**
35 **GARIBAY, JOSE**	Employee	27	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
					Employee Total	**$413.24**	**$429.07**	**3.83%**	**$15.83**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
36 **GODINEZ URIBE, JESSICA**	Employee	23	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$403.56	$409.42	1.45%	$5.86
					Employee Total	**$403.56**	**$409.42**	**1.45%**	**$5.86**
37 **GOMEZ, DANIELA**	Employee	30	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$502.46	$516.06	2.71%	$13.60
					Employee Total	**$502.46**	**$516.06**	**2.71%**	**$13.60**
38 **GOMEZ, JORGE**	Employee	32	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$520.42	$537.88	3.35%	$17.46
					Employee Total	**$520.42**	**$537.88**	**3.35%**	**$17.46**
39 **GUTIERREZ, ISEL**	Employee	23	Employee + Family	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
	Spouse	26				$450.82	$465.59	3.28%	$14.77
	Dependent	0				$357.49	$361.82	1.21%	$4.33
					Employee Total	**$1,257.33**	**$1,282.08**	**1.97%**	**$24.75**
40 **GUTIERREZ, LAURA**	Employee	31	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$509.64	$526.97	3.40%	$17.33
					Employee Total	**$509.64**	**$526.97**	**3.40%**	**$17.33**
41 **GUTIERREZ, LUZ**	Employee	44	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$547.63	$571.96	4.44%	$24.33
					Employee Total	**$547.63**	**$571.96**	**4.44%**	**$24.33**
42 **HOLLAND, MIRIAM**	Employee	38	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$499.60	$510.13	2.11%	$10.53
					Employee Total	**$499.60**	**$510.13**	**2.11%**	**$10.53**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
43 **HUERTA DE LA CRUZ, CHRISTOPHER**	Employee	27	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$459.80	$476.50	3.63%	$16.70
					Employee Total	**$459.80**	**$476.50**	**3.63%**	**$16.70**
44 **IBANEZ, GENESIS**	Employee	29	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$488.09	$508.78	4.24%	$20.69
					Employee Total	**$488.09**	**$508.78**	**4.24%**	**$20.69**
45 **JACINTO, OLIVIA**	Employee	58	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$835.02	$875.06	4.80%	$40.04
					Employee Total	**$835.02**	**$875.06**	**4.80%**	**$40.04**
46 **JERONIMO, ARENY**	Employee	29	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$372.45	$384.30	3.18%	$11.85
					Employee Total	**$372.45**	**$384.30**	**3.18%**	**$11.85**
47 **JOHNSON, VANESSA**	Employee	27	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
					Employee Total	**$413.24**	**$429.07**	**3.83%**	**$15.83**
48 **KESSEL, JAQUELINE**	Employee	25	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$342.64	$344.80	0.63%	$2.16
					Employee Total	**$342.64**	**$344.80**	**0.63%**	**$2.16**
49 **LARA, DIANA**	Employee	24	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
50 **LEDESMA, RIGOBERTO**	Employee	28	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$359.09	$373.31	3.96%	$14.22
					Employee Total	**$359.09**	**$373.31**	**3.96%**	**$14.22**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
51 **LEMUS, MARIA**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
52 **LEYBA, CINTHIA**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**
53 **LOPEZ, VICKY**	Employee	23	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$403.56	$409.42	1.45%	$5.86
					Employee Total	**$403.56**	**$409.42**	**1.45%**	**$5.86**
54 **LOPEZ SERRANO, LUISA**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**
55 **LOYA, PATRICIA**	Employee	53	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$668.84	$700.59	4.75%	$31.75
					Employee Total	**$668.84**	**$700.59**	**4.75%**	**$31.75**
56 **LUQUIN, IVAN**	Employee	30	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$451.58	$464.69	2.90%	$13.11
					Employee Total	**$451.58**	**$464.69**	**2.90%**	**$13.11**
57 **MALLAMACE, MEGAN**	Employee	42	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$525.43	$542.48	3.24%	$17.05
	Dependent	11				$322.71	$327.19	1.39%	$4.48
					Employee Total	**$848.14**	**$869.67**	**2.54%**	**$21.53**
58 **MARTINEZ ALMANZA, ALMA**	Employee	27	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
					Employee Total	**$413.24**	**$429.07**	**3.83%**	**$15.83**

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Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
59 **MASON, JONATHAN**	Employee	24	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
60 **MCGUIGAN, MADELYN**	Employee	27	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$459.80	$476.50	3.63%	$16.70
	Spouse	27				$459.80	$476.50	3.63%	$16.70
					Employee Total	**$919.60**	**$953.00**	**3.63%**	**$33.40**
61 **MIJANGOS, ARIANA**	Employee	24	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$403.56	$409.42	1.45%	$5.86
	Dependent	2				$322.71	$327.19	1.39%	$4.48
					Employee Total	**$726.27**	**$736.61**	**1.42%**	**$10.34**
62 **MONTERROSA, VANESSA**	Employee	27	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$459.80	$476.50	3.63%	$16.70
					Employee Total	**$459.80**	**$476.50**	**3.63%**	**$16.70**
63 **MOORE, MARIE**	Employee	44	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$464.97	$479.77	3.18%	$14.80
					Employee Total	**$464.97**	**$479.77**	**3.18%**	**$14.80**
64 **MORALES, ARIANA**	Employee	23	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
65 **MORALES, BIRIDIANA**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
66 **MORENO, ANTHONY**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**
67 **MORONES, ROSAURA**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
68 **NGUYEN-CRUZ, MARIA**	Employee	25	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
					Employee Total	**$449.02**	**$456.49**	**1.66%**	**$7.47**
69 **NUNEZ, ROMELIA**	Employee	44	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$609.33	$635.18	4.24%	$25.85
					Employee Total	**$609.33**	**$635.18**	**4.24%**	**$25.85**
70 **OLVERS, ANDRES**	Employee	65	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$1,210.68	$1,228.26	1.45%	$17.58
					Employee Total	**$1,210.68**	**$1,228.26**	**1.45%**	**$17.58**
71 **ORTIZ, JOSELYN**	Employee	29	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$438.67	$458.14	4.44%	$19.47
					Employee Total	**$438.67**	**$458.14**	**4.44%**	**$19.47**
72 **OSUNA, ALEJANDRA**	Employee	27	Employee + Spouse	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
	Spouse	27				$413.24	$429.07	3.83%	$15.83
					Employee Total	**$826.48**	**$858.14**	**3.83%**	**$31.66**
73 **PEARSON, ELENA**	Employee	42	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$584.63	$602.44	3.05%	$17.81
					Employee Total	**$584.63**	**$602.44**	**3.05%**	**$17.81**

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74 **PERALES, ABBYGAEL**	Employee	26	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$405.17	$419.24	3.47%	$14.07
					Employee Total	**$405.17**	**$419.24**	**3.47%**	**$14.07**
75 **PEREZ, LUPE**	Employee	47	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$673.54	$710.66	5.51%	$37.12
					Employee Total	**$673.54**	**$710.66**	**5.51%**	**$37.12**
76 **PEREZ-GARCIA, KARLA**	Employee	29	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$488.09	$508.78	4.24%	$20.69
					Employee Total	**$488.09**	**$508.78**	**4.24%**	**$20.69**
77 **QUINTANILLA, GABRIELA**	Employee	29	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$438.67	$458.14	4.44%	$19.47
					Employee Total	**$438.67**	**$458.14**	**4.44%**	**$19.47**
78 **RAMIREZ, ANA**	Employee	42	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$584.63	$602.44	3.05%	$17.81
					Employee Total	**$584.63**	**$602.44**	**3.05%**	**$17.81**
79 **RAMIREZ LOPEZ, CLAUDIA**	Employee	24	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
80 **RAMIREZ SOTO, LIZBETH**	Employee	25	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$456.49	1.66%	$7.47
	Spouse	28				$470.58	$494.23	5.03%	$23.65
					Employee Total	**$919.60**	**$950.72**	**3.38%**	**$31.12**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
81 **RIAHI, ELAHEH**	Employee	39	Employee + Child(ren)	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$426.93	$433.41	1.52%	$6.48
	Dependent	4				$276.11	$276.71	0.22%	$0.60
	Dependent	2				$276.11	$276.71	0.22%	$0.60
					Employee Total	**$979.15**	**$986.83**	**0.78%**	**$7.68**
82 **RIVAS, ALYCE**	Employee	30	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$502.46	$516.06	2.71%	$13.60
					Employee Total	**$502.46**	**$516.06**	**2.71%**	**$13.60**
83 **ROCHA-ORTIZ, BERTHA**	Employee	28	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
					Employee Total	**$470.58**	**$494.23**	**5.03%**	**$23.65**
84 **ROSAS, SANDRA**	Employee	28	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$422.93	$445.04	5.23%	$22.11
					Employee Total	**$422.93**	**$445.04**	**5.23%**	**$22.11**
85 **SALCEDO, EDUARDO**	Employee	27	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
					Employee Total	**$413.24**	**$429.07**	**3.83%**	**$15.83**
86 **SAMANO RUIZ, MAYRA**	Employee	39	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$502.83	$516.69	2.76%	$13.86
					Employee Total	**$502.83**	**$516.69**	**2.76%**	**$13.86**
87 **SANCHEZ, JASMINE**	Employee	27	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$413.24	$429.07	3.83%	$15.83
					Employee Total	**$413.24**	**$429.07**	**3.83%**	**$15.83**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
88 **SANCHEZ, ROGELIO**	Employee	62	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$1,261.76	$1,306.28	3.53%	$44.52
					Employee Total	**$1,261.76**	**$1,306.28**	**3.53%**	**$44.52**
89 **SANTIAGO, EDUARDO**	Employee	28	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
					Employee Total	**$470.58**	**$494.23**	**5.03%**	**$23.65**
90 **SANTIBANEZ, ANGELICA**	Employee	35	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$545.12	$555.61	1.92%	$10.49
	Spouse	42				$584.63	$602.44	3.05%	$17.81
					Employee Total	**$1,129.75**	**$1,158.05**	**2.50%**	**$28.30**
91 **SCHOPP-ORTEGA, YVETTE**	Employee	37	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$496.37	$506.86	2.11%	$10.49
					Employee Total	**$496.37**	**$506.86**	**2.11%**	**$10.49**
92 **SILVA, SERAFIN**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**
93 **SILVESTRE DELGADO, YENIFER**	Employee	30	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$451.58	$464.69	2.90%	$13.11
					Employee Total	**$451.58**	**$464.69**	**2.90%**	**$13.11**
94 **SOLORZANO, MARIA**	Employee	40	Employee	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HMO 2250/55 + Child Dental	$432.42	$438.90	1.50%	$6.48
					Employee Total	**$432.42**	**$438.90**	**1.50%**	**$6.48**
95 **SOTO, CYNTHIA**	Employee	26	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$450.82	$465.59	3.28%	$14.77
					Employee Total	**$450.82**	**$465.59**	**3.28%**	**$14.77**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
96 **SOTO-MORALES, RODRIGO**	Employee	36	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$493.15	$503.58	2.11%	$10.43
					Employee Total	**$493.15**	**$503.58**	**2.11%**	**$10.43**
97 **TEJADA, ANA**	Employee	33	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$477.41	$490.48	2.74%	$13.07
					Employee Total	**$477.41**	**$490.48**	**2.74%**	**$13.07**
98 **TEJADA, MARIA**	Employee	24	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
99 **TERAN, NUBIA**	Employee	28	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
					Employee Total	**$470.58**	**$494.23**	**5.03%**	**$23.65**
100 **TESO, FRANCES**	Employee	53	Employee + Family	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$876.50	$927.54	5.82%	$51.04
	Spouse	54				$916.01	$970.73	5.97%	$54.72
	Dependent	25				$449.02	$456.49	1.66%	$7.47
	Dependent	23				$449.02	$454.67	1.26%	$5.65
					Employee Total	**$2,690.55**	**$2,809.43**	**4.42%**	**$118.88**
101 **TORRES, ISABEL**	Employee	22	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
102 **VALENZUELA, CINDY**	Employee	38	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$555.89	$566.52	1.91%	$10.63
					Employee Total	**$555.89**	**$566.52**	**1.91%**	**$10.63**

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Medical Plan Renewal Rates (continued)

Employee Name	Status	Age at Renewal	Tier	Current Medical Plan	Renewal Medical Plan	Current Rate	Renewal Rate	% Change	$ Change
103 **VALLE-GUERRERO, ALICIA**	Employee	31	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$458.04	$474.52	3.60%	$16.48
					Employee Total	**$458.04**	**$474.52**	**3.60%**	**$16.48**
104 **VASQUEZ, KAREN**	Employee	26	Employee	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 250/35 + Child Dental	$405.17	$419.24	3.47%	$14.07
					Employee Total	**$405.17**	**$419.24**	**3.47%**	**$14.07**
105 **VILLALOBOS, LLESENIA**	Employee	28	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$470.58	$494.23	5.03%	$23.65
					Employee Total	**$470.58**	**$494.23**	**5.03%**	**$23.65**
106 **VILLASENOR, JUAN**	Employee	35	Employee + Child(ren)	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$545.12	$555.61	1.92%	$10.49
	Dependent	3				$357.49	$361.82	1.21%	$4.33
					Employee Total	**$902.61**	**$917.43**	**1.64%**	**$14.82**
107 **ZAMORA, ELIZABETH**	Employee	23	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$449.02	$454.67	1.26%	$5.65
					Employee Total	**$449.02**	**$454.67**	**1.26%**	**$5.65**
108 **ZHU, SILVIA**	Employee	30	Employee	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 0/20 + Child Dental	$502.46	$516.06	2.71%	$13.60
					Employee Total	**$502.46**	**$516.06**	**2.71%**	**$13.60**

Total Employee Premium	$53,230.54	$54,883.46	3.11%	$1,652.92
Total Dependent Premium	$8,665.29	$8,910.48	2.83%	$245.19
Total Monthly Premium	**$61,895.83**	**$63,793.94**	**3.07%**	**$1,898.11**

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Renewal Options: HMO Plans

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Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
1 **AGUILAR, GABRIELA**	Employee	32	Employee	$547.81	$537.88	$512.38	$484.34	$456.03
2 **ALCAZAR, JOSE**	Employee	23	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
3 **ALEJANDRE, CAROLINA**	Employee	32	Employee	$547.81	$537.88	$512.38	$484.34	$456.03
4 **ANAYA, MAYRA**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
5 **ANDRADE, GISELLE**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
6 **ARRIAGA, MICHELLE**	Employee	34	Employee	$562.17	$551.97	$525.81	$497.03	$467.98
7 **AVILA, TALINA**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	44	Employee	$646.91	$635.18	$605.07	$571.96	$538.52
9 **BANUELOS, LILIANA**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
10 **BARAHONA, NANCY**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	24	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
12 **BARRON, CATHERINE**	Employee	44	Employee + Child(ren)	$646.91	$635.18	$605.07	$571.96	$538.52
	Dependent	14		$368.24	$361.82	$345.33	$327.19	$308.89
13 **BERNAL, ROBERTO**	Employee	34	Employee + Spouse	$562.17	$551.97	$525.81	$497.03	$467.98
	Spouse	28		$503.36	$494.23	$470.80	$445.04	$419.02

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Renewal Options: HMO Plans (continued)

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Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
14 **CABALLERO-SANCHEZ, MAKAYLA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
15 **CARRERA-VILLARREAL, BRINCY**	Employee	28	Employee + Spouse	$503.36	$494.23	$470.80	$445.04	$419.02
	Spouse	27		$485.30	$476.50	$453.91	$429.07	$403.99
16 **CARROLL, ADRIENNE**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
17 **CAZARES, SUSANA**	Employee	33	Employee	$554.76	$544.70	$518.88	$490.48	$461.81
18 **CERVANTES, NINA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
19 **CHAVEZ GAMA, MIRIAM**	Employee	27	Employee + Child(ren)	$485.30	$476.50	$453.91	$429.07	$403.99
	Dependent	4		$368.24	$361.82	$345.33	$327.19	$308.89
20 **CIPRIANO, CECILIA**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53
21 **CISNEROS, DIANA**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
22 **CORONA, JENIFER**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
23 **CORTES, PRISCILLA**	Employee	30	Employee + Child(ren)	$525.59	$516.06	$491.59	$464.69	$437.53
	Dependent	10		$368.24	$361.82	$345.33	$327.19	$308.89
24 **COUGHLIN, HALEY**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
25 **DAILY, MATTHEW**	Employee	36	Employee	$569.58	$559.25	$532.74	$503.58	$474.15
26 **DEBERRY, CHRISTINA**	Employee	36	Employee	$569.58	$559.25	$532.74	$503.58	$474.15

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Renewal Options: HMO Plans (continued)

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Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
27 **DENSION, SOMMER**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
28 **DO, QUE**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
29 **FERNANDEZ, AIDEE**	Employee	43	Employee + Child(ren)	$628.39	$616.99	$587.74	$555.58	$523.10
	Dependent	16		$411.77	$404.56	$386.04	$365.68	$345.12
	Dependent	13		$368.24	$361.82	$345.33	$327.19	$308.89
30 **FERNANDEZ, BIANCA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
31 **FLORES, DEANNA**	Employee	59	Employee	$1,205.38	$1,183.52	$1,127.41	$1,065.71	$1,003.42
32 **FRIAS, JOCELYN**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
33 **GABRIEL, BRIGIDA**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
34 **GARCIA, ELIZABETH**	Employee	53	Employee	$944.67	$927.54	$883.56	$835.21	$786.39
35 **GARIBAY, JOSE**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
36 **GODINEZ URIBE, JESSICA**	Employee	23	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
37 **GOMEZ, DANIELA**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53
38 **GOMEZ, JORGE**	Employee	32	Employee	$547.81	$537.88	$512.38	$484.34	$456.03
39 **GUTIERREZ, ISEL**	Employee	23	Employee + Family	$463.07	$454.67	$433.12	$409.42	$385.49
	Spouse	26		$474.19	$465.59	$443.51	$419.24	$394.74
	Dependent	0		$368.24	$361.82	$345.33	$327.19	$308.89

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Renewal Options: HMO Plans (continued)

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40 **GUTIERREZ, LAURA**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
41 **GUTIERREZ, LUZ**	Employee	44	Employee	$646.91	$635.18	$605.07	$571.96	$538.52
42 **HOLLAND, MIRIAM**	Employee	38	Employee	$576.99	$566.52	$539.67	$510.13	$480.32
43 **HUERTA DE LA CRUZ, CHRISTOPHER**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
44 **IBANEZ, GENESIS**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
45 **JACINTO, OLIVIA**	Employee	58	Employee	$1,179.91	$1,158.51	$1,103.59	$1,043.20	$982.22
46 **JERONIMO, ARENY**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
47 **JOHNSON, VANESSA**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
48 **KESSEL, JAQUELINE**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
49 **LARA, DIANA**	Employee	24	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
50 **LEDESMA, RIGOBERTO**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
51 **LEMUS, MARIA**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
52 **LEYBA, CINTHIA**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
53 **LOPEZ, VICKY**	Employee	23	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
54 **LOPEZ SERRANO, LUISA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
55 **LOYA, PATRICIA**	Employee	53	Employee	$944.67	$927.54	$883.56	$835.21	$786.39
56 **LUQUIN, IVAN**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53

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Renewal Options: HMO Plans (continued)

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Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
57 **MALLAMACE, MEGAN**	Employee	42	Employee + Child(ren)	$613.57	$602.44	$573.88	$542.48	$510.77
	Dependent	11		$368.24	$361.82	$345.33	$327.19	$308.89
58 **MARTINEZ ALMANZA, ALMA**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
59 **MASON, JONATHAN**	Employee	24	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
60 **MCGUIGAN, MADELYN**	Employee	27	Employee + Spouse	$485.30	$476.50	$453.91	$429.07	$403.99
	Spouse	27		$485.30	$476.50	$453.91	$429.07	$403.99
61 **MIJANGOS, ARIANA**	Employee	24	Employee + Child(ren)	$463.07	$454.67	$433.12	$409.42	$385.49
	Dependent	2		$368.24	$361.82	$345.33	$327.19	$308.89
62 **MONTERROSA, VANESSA**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
63 **MOORE, MARIE**	Employee	44	Employee	$646.91	$635.18	$605.07	$571.96	$538.52
64 **MORALES, ARIANA**	Employee	23	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
65 **MORALES, BIRIDIANA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
66 **MORENO, ANTHONY**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
67 **MORONES, ROSAURA**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74

KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Renewal Options: HMO Plans (continued)

The abbreviation “Alt,” in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
68 **NGUYEN-CRUZ, MARIA**	Employee	25	Employee	$464.92	$456.49	$434.85	$411.06	$387.03
69 **NUNEZ, ROMELIA**	Employee	44	Employee	$646.91	$635.18	$605.07	$571.96	$538.52
70 **OLVERS, ANDRES**	Employee	65	Employee	$1,389.21	$1,364.01	$1,299.36	$1,228.26	$1,156.47
71 **ORTIZ, JOSELYN**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
72 **OSUNA, ALEJANDRA**	Employee	27	Employee + Spouse	$485.30	$476.50	$453.91	$429.07	$403.99
	Spouse	27		$485.30	$476.50	$453.91	$429.07	$403.99
73 **PEARSON, ELENA**	Employee	42	Employee	$613.57	$602.44	$573.88	$542.48	$510.77
74 **PERALES, ABBYGAEL**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
75 **PEREZ, LUPE**	Employee	47	Employee	$723.78	$710.66	$676.96	$639.92	$602.51
76 **PEREZ-GARCIA, KARLA**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
77 **QUINTANILLA, GABRIELA**	Employee	29	Employee	$518.18	$508.78	$484.66	$458.14	$431.36
78 **RAMIREZ, ANA**	Employee	42	Employee	$613.57	$602.44	$573.88	$542.48	$510.77
79 **RAMIREZ LOPEZ, CLAUDIA**	Employee	24	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
80 **RAMIREZ SOTO, LIZBETH**	Employee	25	Employee + Spouse	$464.92	$456.49	$434.85	$411.06	$387.03
	Spouse	28		$503.36	$494.23	$470.80	$445.04	$419.02

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Renewal Options: HMO Plans (continued)

The abbreviation “Alt,” in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
81 **RIAHI, ELAHEH**	Employee	39	Employee + Child(ren)	$584.40	$573.80	$546.60	$516.69	$486.48
	Dependent	4		$368.24	$361.82	$345.33	$327.19	$308.89
	Dependent	2		$368.24	$361.82	$345.33	$327.19	$308.89
82 **RIVAS, ALYCE**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53
83 **ROCHA-ORTIZ, BERTHA**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
84 **ROSAS, SANDRA**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
85 **SALCEDO, EDUARDO**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
86 **SAMANO RUIZ, MAYRA**	Employee	39	Employee	$584.40	$573.80	$546.60	$516.69	$486.48
87 **SANCHEZ, JASMINE**	Employee	27	Employee	$485.30	$476.50	$453.91	$429.07	$403.99
88 **SANCHEZ, ROGELIO**	Employee	62	Employee	$1,330.41	$1,306.28	$1,244.35	$1,176.26	$1,107.50
89 **SANTIAGO, EDUARDO**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
90 **SANTIBANEZ, ANGELICA**	Employee	35	Employee + Spouse	$565.87	$555.61	$529.27	$500.31	$471.06
	Spouse	42		$613.57	$602.44	$573.88	$542.48	$510.77
91 **SCHOPP-ORTEGA, YVETTE**	Employee	37	Employee	$573.28	$562.89	$536.20	$506.86	$477.23

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Renewal Options: HMO Plans (continued)

The abbreviation “Alt,” in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan.

Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
92 **SILVA, SERAFIN**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
93 **SILVESTRE DELGADO, YENIFER**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53
94 **SOLORZANO, MARIA**	Employee	40	Employee	$591.81	$581.07	$553.53	$523.24	$492.65
95 **SOTO, CYNTHIA**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74
96 **SOTO-MORALES, RODRIGO**	Employee	36	Employee	$569.58	$559.25	$532.74	$503.58	$474.15
97 **TEJADA, ANA**	Employee	33	Employee	$554.76	$544.70	$518.88	$490.48	$461.81
98 **TEJADA, MARIA**	Employee	24	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
99 **TERAN, NUBIA**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
100 **TESO, FRANCES**	Employee	53	Employee + Family	$944.67	$927.54	$883.56	$835.21	$786.39
	Spouse	54		$988.66	$970.73	$924.71	$874.11	$823.01
	Dependent	25		$464.92	$456.49	$434.85	$411.06	$387.03
	Dependent	23		$463.07	$454.67	$433.12	$409.42	$385.49
101 **TORRES, ISABEL**	Employee	22	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
102 **VALENZUELA, CINDY**	Employee	38	Employee	$576.99	$566.52	$539.67	$510.13	$480.32
103 **VALLE-GUERRERO, ALICIA**	Employee	31	Employee	$536.70	$526.97	$501.98	$474.52	$446.78
104 **VASQUEZ, KAREN**	Employee	26	Employee	$474.19	$465.59	$443.51	$419.24	$394.74

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Renewal Options: HMO Plans (continued)

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Employee Name	Status	Age at Renewal	Tier	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
105 **VILLALOBOS, LLESENIA**	Employee	28	Employee	$503.36	$494.23	$470.80	$445.04	$419.02
106 **VILLASENOR, JUAN**	Employee	35	Employee + Child(ren)	$565.87	$555.61	$529.27	$500.31	$471.06
	Dependent	3		$368.24	$361.82	$345.33	$327.19	$308.89
107 **ZAMORA, ELIZABETH**	Employee	23	Employee	$463.07	$454.67	$433.12	$409.42	$385.49
108 **ZHU, SILVIA**	Employee	30	Employee	$525.59	$516.06	$491.59	$464.69	$437.53

Total Employee Premium	$60,396.65	$59,301.33	$56,489.95	$53,398.84	$50,277.49
Total Dependent Premium	$9,561.20	$9,390.64	$8,952.74	$8,471.18	$7,985.07
Total Monthly Premium	**$69,957.85**	**$68,691.97**	**$65,442.69**	**$61,870.02**	**$58,262.56**
Differential from current premium if all members renew on this plan	**13.03%**	**10.98%**	**5.73%**	**-0.04%**	**-5.87%**

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
1 **AGUILAR, GABRIELA**	Employee	32	Employee	$427.26	$421.37	$409.48	$401.93	$406.28
2 **ALCAZAR, JOSE**	Employee	23	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
3 **ALEJANDRE, CAROLINA**	Employee	32	Employee	$427.26	$421.37	$409.48	$401.93	$406.28
4 **ANAYA, MAYRA**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
5 **ANDRADE, GISELLE**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
6 **ARRIAGA, MICHELLE**	Employee	34	Employee	$438.46	$432.42	$420.21	$412.46	$416.92
7 **AVILA, TALINA**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	44	Employee	$504.55	$497.60	$483.56	$474.64	$479.77
9 **BANUELOS, LILIANA**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
10 **BARAHONA, NANCY**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	24	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
12 **BARRON, CATHERINE**	Employee	44	Employee + Child(ren)	$504.55	$497.60	$483.56	$474.64	$479.77
	Dependent	14		$290.28	$286.48	$278.79	$273.90	$276.71
13 **BERNAL, ROBERTO**	Employee	34	Employee + Spouse	$438.46	$432.42	$420.21	$412.46	$416.92
	Spouse	28		$392.59	$387.18	$376.25	$369.31	$373.31
14 **CABALLERO-SANCHEZ, MAKAYLA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
15 **CARRERA-VILLARREAL, BRINCY**	Employee	28	Employee + Spouse	$392.59	$387.18	$376.25	$369.31	$373.31
	Spouse	27		$378.50	$373.29	$362.76	$356.06	$359.91
16 **CARROLL, ADRIENNE**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
17 **CAZARES, SUSANA**	Employee	33	Employee	$432.68	$426.72	$414.68	$407.03	$411.43
18 **CERVANTES, NINA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
19 **CHAVEZ GAMA, MIRIAM**	Employee	27	Employee + Child(ren)	$378.50	$373.29	$362.76	$356.06	$359.91
	Dependent	4		$290.28	$286.48	$278.79	$273.90	$276.71
20 **CIPRIANO, CECILIA**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79
21 **CISNEROS, DIANA**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
22 **CORONA, JENIFER**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
23 **CORTES, PRISCILLA**	Employee	30	Employee + Child(ren)	$409.92	$404.28	$392.87	$385.62	$389.79
	Dependent	10		$290.28	$286.48	$278.79	$273.90	$276.71
24 **COUGHLIN, HALEY**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
25 **DAILY, MATTHEW**	Employee	36	Employee	$444.23	$438.12	$425.75	$417.90	$422.42
26 **DEBERRY, CHRISTINA**	Employee	36	Employee	$444.23	$438.12	$425.75	$417.90	$422.42
27 **DENSION, SOMMER**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
28 **DO, QUE**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
29 **FERNANDEZ, AIDEE**	Employee	43	Employee + Child(ren)	$490.10	$483.35	$469.71	$461.05	$466.03
	Dependent	16		$324.23	$319.96	$311.32	$305.84	$309.00
	Dependent	13		$290.28	$286.48	$278.79	$273.90	$276.71
30 **FERNANDEZ, BIANCA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
31 **FLORES, DEANNA**	Employee	59	Employee	$940.11	$927.17	$901.00	$884.39	$893.95
32 **FRIAS, JOCELYN**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
33 **GABRIEL, BRIGIDA**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
34 **GARCIA, ELIZABETH**	Employee	53	Employee	$736.78	$726.63	$706.13	$693.10	$700.59
35 **GARIBAY, JOSE**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
36 **GODINEZ URIBE, JESSICA**	Employee	23	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
37 **GOMEZ, DANIELA**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79
38 **GOMEZ, JORGE**	Employee	32	Employee	$427.26	$421.37	$409.48	$401.93	$406.28
39 **GUTIERREZ, ISEL**	Employee	23	Employee + Family	$361.17	$356.19	$346.14	$339.76	$343.43
	Spouse	26		$369.83	$364.74	$354.45	$347.91	$351.67
	Dependent	0		$290.28	$286.48	$278.79	$273.90	$276.71
40 **GUTIERREZ, LAURA**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
41 **GUTIERREZ, LUZ**	Employee	44	Employee	$504.55	$497.60	$483.56	$474.64	$479.77
42 **HOLLAND, MIRIAM**	Employee	38	Employee	$450.01	$443.81	$431.29	$423.34	$427.91
43 **HUERTA DE LA CRUZ, CHRISTOPHER**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
44 **IBANEZ, GENESIS**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
45 **JACINTO, OLIVIA**	Employee	58	Employee	$920.25	$907.58	$881.97	$865.70	$875.06
46 **JERONIMO, ARENY**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
47 **JOHNSON, VANESSA**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
48 **KESSEL, JAQUELINE**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
49 **LARA, DIANA**	Employee	24	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
50 **LEDESMA, RIGOBERTO**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
51 **LEMUS, MARIA**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
52 **LEYBA, CINTHIA**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
53 **LOPEZ, VICKY**	Employee	23	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
54 **LOPEZ SERRANO, LUISA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
55 **LOYA, PATRICIA**	Employee	53	Employee	$736.78	$726.63	$706.13	$693.10	$700.59
56 **LUQUIN, IVAN**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79
57 **MALLAMACE, MEGAN**	Employee	42	Employee + Child(ren)	$478.54	$471.95	$458.64	$450.18	$455.04
	Dependent	11		$290.28	$286.48	$278.79	$273.90	$276.71
58 **MARTINEZ ALMANZA, ALMA**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
59 **MASON, JONATHAN**	Employee	24	Employee	$361.17	$356.19	$346.14	$339.76	$343.43

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
60 **MCGUIGAN, MADELYN**	Employee	27	Employee + Spouse	$378.50	$373.29	$362.76	$356.06	$359.91
	Spouse	27		$378.50	$373.29	$362.76	$356.06	$359.91
61 **MIJANGOS, ARIANA**	Employee	24	Employee + Child(ren)	$361.17	$356.19	$346.14	$339.76	$343.43
	Dependent	2		$290.28	$286.48	$278.79	$273.90	$276.71
62 **MONTERROSA, VANESSA**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
63 **MOORE, MARIE**	Employee	44	Employee	$504.55	$497.60	$483.56	$474.64	$479.77
64 **MORALES, ARIANA**	Employee	23	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
65 **MORALES, BIRIDIANA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
66 **MORENO, ANTHONY**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
67 **MORONES, ROSAURA**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
68 **NGUYEN-CRUZ, MARIA**	Employee	25	Employee	$362.61	$357.62	$347.52	$341.12	$344.80
69 **NUNEZ, ROMELIA**	Employee	44	Employee	$504.55	$497.60	$483.56	$474.64	$479.77
70 **OLVERS, ANDRES**	Employee	65	Employee	$1,083.51	$1,068.57	$1,038.42	$1,019.28	$1,030.29
71 **ORTIZ, JOSELYN**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
72 **OSUNA, ALEJANDRA**	Employee	27	Employee + Spouse	$378.50	$373.29	$362.76	$356.06	$359.91
	Spouse	27		$378.50	$373.29	$362.76	$356.06	$359.91
73 **PEARSON, ELENA**	Employee	42	Employee	$478.54	$471.95	$458.64	$450.18	$455.04

KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
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Medical Rate Area: 7
Dental Rate Area: A

Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
74 **PERALES, ABBYGAEL**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
75 **PEREZ, LUPE**	Employee	47	Employee	$564.50	$556.73	$541.02	$531.04	$536.78
76 **PEREZ-GARCIA, KARLA**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
77 **QUINTANILLA, GABRIELA**	Employee	29	Employee	$404.14	$398.58	$387.33	$380.19	$384.30
78 **RAMIREZ, ANA**	Employee	42	Employee	$478.54	$471.95	$458.64	$450.18	$455.04
79 **RAMIREZ LOPEZ, CLAUDIA**	Employee	24	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
80 **RAMIREZ SOTO, LIZBETH**	Employee	25	Employee + Spouse	$362.61	$357.62	$347.52	$341.12	$344.80
	Spouse	28		$392.59	$387.18	$376.25	$369.31	$373.31
81 **RIAHI, ELAHEH**	Employee	39	Employee + Child(ren)	$455.79	$449.51	$436.83	$428.77	$433.41
	Dependent	4		$290.28	$286.48	$278.79	$273.90	$276.71
	Dependent	2		$290.28	$286.48	$278.79	$273.90	$276.71
82 **RIVAS, ALYCE**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79
83 **ROCHA-ORTIZ, BERTHA**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
84 **ROSAS, SANDRA**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
85 **SALCEDO, EDUARDO**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
86 **SAMANO RUIZ, MAYRA**	Employee	39	Employee	$455.79	$449.51	$436.83	$428.77	$433.41

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
87 **SANCHEZ, JASMINE**	Employee	27	Employee	$378.50	$373.29	$362.76	$356.06	$359.91
88 **SANCHEZ, ROGELIO**	Employee	62	Employee	$1,037.63	$1,023.34	$994.46	$976.12	$986.67
89 **SANTIAGO, EDUARDO**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
90 **SANTIBANEZ, ANGELICA**	Employee	35	Employee + Spouse	$441.34	$435.27	$422.98	$415.18	$419.67
	Spouse	42		$478.54	$471.95	$458.64	$450.18	$455.04
91 **SCHOPP-ORTEGA, YVETTE**	Employee	37	Employee	$447.12	$440.97	$428.52	$420.62	$425.16
92 **SILVA, SERAFIN**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
93 **SILVESTRE DELGADO, YENIFER**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79
94 **SOLORZANO, MARIA**	Employee	40	Employee	$461.57	$455.21	$442.37	$434.21	$438.90
95 **SOTO, CYNTHIA**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
96 **SOTO-MORALES, RODRIGO**	Employee	36	Employee	$444.23	$438.12	$425.75	$417.90	$422.42
97 **TEJADA, ANA**	Employee	33	Employee	$432.68	$426.72	$414.68	$407.03	$411.43
98 **TEJADA, MARIA**	Employee	24	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
99 **TERAN, NUBIA**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
100 **TESO, FRANCES**	Employee	53	Employee + Family	$736.78	$726.63	$706.13	$693.10	$700.59
	Spouse	54		$771.09	$760.47	$739.01	$725.38	$733.22
	Dependent	25		$362.61	$357.62	$347.52	$341.12	$344.80
	Dependent	23		$361.17	$356.19	$346.14	$339.76	$343.43
101 **TORRES, ISABEL**	Employee	22	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
102 **VALENZUELA, CINDY**	Employee	38	Employee	$450.01	$443.81	$431.29	$423.34	$427.91
103 **VALLE-GUERRERO, ALICIA**	Employee	31	Employee	$418.59	$412.83	$401.18	$393.78	$398.03
104 **VASQUEZ, KAREN**	Employee	26	Employee	$369.83	$364.74	$354.45	$347.91	$351.67
105 **VILLALOBOS, LLESENIA**	Employee	28	Employee	$392.59	$387.18	$376.25	$369.31	$373.31
106 **VILLASENOR, JUAN**	Employee	35	Employee + Child(ren)	$441.34	$435.27	$422.98	$415.18	$419.67
	Dependent	3		$290.28	$286.48	$278.79	$273.90	$276.71
107 **ZAMORA, ELIZABETH**	Employee	23	Employee	$361.17	$356.19	$346.14	$339.76	$343.43
108 **ZHU, SILVIA**	Employee	30	Employee	$409.92	$404.28	$392.87	$385.62	$389.79

Total Employee Premium	$47,105.36	$46,456.72	$45,145.71	$44,313.07	$44,791.99
Total Dependent Premium	$7,490.95	$7,389.96	$7,185.76	$7,055.99	$7,130.61
Total Monthly Premium	**$54,596.31**	**$53,846.68**	**$52,331.47**	**$51,369.06**	**$51,922.60**
Differential from current premium if all members renew on this plan	**-11.79%**	**-13.00%**	**-15.45%**	**-17.01%**	**-16.11%**

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
1 **AGUILAR, GABRIELA**	Employee	32	Employee	$396.21	$378.87	$342.15	$348.82	$328.17
2 **ALCAZAR, JOSE**	Employee	23	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
3 **ALEJANDRE, CAROLINA**	Employee	32	Employee	$396.21	$378.87	$342.15	$348.82	$328.17
4 **ANAYA, MAYRA**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
5 **ANDRADE, GISELLE**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
6 **ARRIAGA, MICHELLE**	Employee	34	Employee	$406.60	$388.79	$351.12	$357.96	$336.77
7 **AVILA, TALINA**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	44	Employee	$467.89	$447.40	$404.05	$411.92	$387.53
9 **BANUELOS, LILIANA**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
10 **BARAHONA, NANCY**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	24	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
12 **BARRON, CATHERINE**	Employee	44	Employee + Child(ren)	$467.89	$447.40	$404.05	$411.92	$387.53
	Dependent	14		$270.21	$258.99	$235.25	$239.56	$226.20
13 **BERNAL, ROBERTO**	Employee	34	Employee + Spouse	$406.60	$388.79	$351.12	$357.96	$336.77
	Spouse	28		$364.06	$348.12	$314.39	$320.52	$301.54
14 **CABALLERO-SANCHEZ, MAKAYLA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
15 **CARRERA-VILLARREAL, BRINCY**	Employee	28	Employee + Spouse	$364.06	$348.12	$314.39	$320.52	$301.54
	Spouse	27		$351.00	$335.63	$303.11	$309.02	$290.72
16 **CARROLL, ADRIENNE**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
17 **CAZARES, SUSANA**	Employee	33	Employee	$401.24	$383.67	$346.49	$353.24	$332.33
18 **CERVANTES, NINA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
19 **CHAVEZ GAMA, MIRIAM**	Employee	27	Employee + Child(ren)	$351.00	$335.63	$303.11	$309.02	$290.72
	Dependent	4		$270.21	$258.99	$235.25	$239.56	$226.20
20 **CIPRIANO, CECILIA**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85
21 **CISNEROS, DIANA**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
22 **CORONA, JENIFER**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
23 **CORTES, PRISCILLA**	Employee	30	Employee + Child(ren)	$380.14	$363.49	$328.27	$334.67	$314.85
	Dependent	10		$270.21	$258.99	$235.25	$239.56	$226.20
24 **COUGHLIN, HALEY**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
25 **DAILY, MATTHEW**	Employee	36	Employee	$411.96	$393.92	$355.75	$362.68	$341.21
26 **DEBERRY, CHRISTINA**	Employee	36	Employee	$411.96	$393.92	$355.75	$362.68	$341.21
27 **DENSION, SOMMER**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
28 **DO, QUE**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
29 **FERNANDEZ, AIDEE**	Employee	43	Employee + Child(ren)	$454.49	$434.59	$392.48	$400.13	$376.44
	Dependent	16		$301.69	$289.09	$262.44	$267.28	$252.28
	Dependent	13		$270.21	$258.99	$235.25	$239.56	$226.20
30 **FERNANDEZ, BIANCA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
31 **FLORES, DEANNA**	Employee	59	Employee	$871.80	$833.63	$752.86	$767.53	$722.08
32 **FRIAS, JOCELYN**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
33 **GABRIEL, BRIGIDA**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
34 **GARCIA, ELIZABETH**	Employee	53	Employee	$683.24	$653.33	$590.02	$601.52	$565.90
35 **GARIBAY, JOSE**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
36 **GODINEZ URIBE, JESSICA**	Employee	23	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
37 **GOMEZ, DANIELA**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85
38 **GOMEZ, JORGE**	Employee	32	Employee	$396.21	$378.87	$342.15	$348.82	$328.17
39 **GUTIERREZ, ISEL**	Employee	23	Employee + Family	$334.92	$320.26	$289.23	$294.86	$277.40
	Spouse	26		$342.96	$327.95	$296.17	$301.94	$284.06
	Dependent	0		$270.21	$258.99	$235.25	$239.56	$226.20
40 **GUTIERREZ, LAURA**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
41 **GUTIERREZ, LUZ**	Employee	44	Employee	$467.89	$447.40	$404.05	$411.92	$387.53
42 **HOLLAND, MIRIAM**	Employee	38	Employee	$417.31	$399.04	$360.38	$367.40	$345.64
43 **HUERTA DE LA CRUZ, CHRISTOPHER**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
44 **IBANEZ, GENESIS**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
45 **JACINTO, OLIVIA**	Employee	58	Employee	$853.38	$816.02	$736.95	$751.31	$706.82
46 **JERONIMO, ARENY**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
47 **JOHNSON, VANESSA**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
48 **KESSEL, JAQUELINE**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
49 **LARA, DIANA**	Employee	24	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
50 **LEDESMA, RIGOBERTO**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
51 **LEMUS, MARIA**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
52 **LEYBA, CINTHIA**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
53 **LOPEZ, VICKY**	Employee	23	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
54 **LOPEZ SERRANO, LUISA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
55 **LOYA, PATRICIA**	Employee	53	Employee	$683.24	$653.33	$590.02	$601.52	$565.90
56 **LUQUIN, IVAN**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85
57 **MALLAMACE, MEGAN**	Employee	42	Employee + Child(ren)	$443.77	$424.34	$383.22	$390.69	$367.56
	Dependent	11		$270.21	$258.99	$235.25	$239.56	$226.20
58 **MARTINEZ ALMANZA, ALMA**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
59 **MASON, JONATHAN**	Employee	24	Employee	$334.92	$320.26	$289.23	$294.86	$277.40

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
60 **MCGUIGAN, MADELYN**	Employee	27	Employee + Spouse	$351.00	$335.63	$303.11	$309.02	$290.72
	Spouse	27		$351.00	$335.63	$303.11	$309.02	$290.72
61 **MIJANGOS, ARIANA**	Employee	24	Employee + Child(ren)	$334.92	$320.26	$289.23	$294.86	$277.40
	Dependent	2		$270.21	$258.99	$235.25	$239.56	$226.20
62 **MONTERROSA, VANESSA**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
63 **MOORE, MARIE**	Employee	44	Employee	$467.89	$447.40	$404.05	$411.92	$387.53
64 **MORALES, ARIANA**	Employee	23	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
65 **MORALES, BIRIDIANA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
66 **MORENO, ANTHONY**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
67 **MORONES, ROSAURA**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
68 **NGUYEN-CRUZ, MARIA**	Employee	25	Employee	$336.26	$321.54	$290.38	$296.04	$278.51
69 **NUNEZ, ROMELIA**	Employee	44	Employee	$467.89	$447.40	$404.05	$411.92	$387.53
70 **OLVERS, ANDRES**	Employee	65	Employee	$1,004.76	$960.78	$867.69	$884.58	$832.20
71 **ORTIZ, JOSELYN**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
72 **OSUNA, ALEJANDRA**	Employee	27	Employee + Spouse	$351.00	$335.63	$303.11	$309.02	$290.72
	Spouse	27		$351.00	$335.63	$303.11	$309.02	$290.72
73 **PEARSON, ELENA**	Employee	42	Employee	$443.77	$424.34	$383.22	$390.69	$367.56

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
74 **PERALES, ABBYGAEL**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
75 **PEREZ, LUPE**	Employee	47	Employee	$523.48	$500.56	$452.06	$460.87	$433.58
76 **PEREZ-GARCIA, KARLA**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
77 **QUINTANILLA, GABRIELA**	Employee	29	Employee	$374.78	$358.37	$323.64	$329.95	$310.41
78 **RAMIREZ, ANA**	Employee	42	Employee	$443.77	$424.34	$383.22	$390.69	$367.56
79 **RAMIREZ LOPEZ, CLAUDIA**	Employee	24	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
80 **RAMIREZ SOTO, LIZBETH**	Employee	25	Employee + Spouse	$336.26	$321.54	$290.38	$296.04	$278.51
	Spouse	28		$364.06	$348.12	$314.39	$320.52	$301.54
81 **RIAHI, ELAHEH**	Employee	39	Employee + Child(ren)	$422.67	$404.17	$365.00	$372.12	$350.08
	Dependent	4		$270.21	$258.99	$235.25	$239.56	$226.20
	Dependent	2		$270.21	$258.99	$235.25	$239.56	$226.20
82 **RIVAS, ALYCE**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85
83 **ROCHA-ORTIZ, BERTHA**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
84 **ROSAS, SANDRA**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
85 **SALCEDO, EDUARDO**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
86 **SAMANO RUIZ, MAYRA**	Employee	39	Employee	$422.67	$404.17	$365.00	$372.12	$350.08

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
87 **SANCHEZ, JASMINE**	Employee	27	Employee	$351.00	$335.63	$303.11	$309.02	$290.72
88 **SANCHEZ, ROGELIO**	Employee	62	Employee	$962.23	$920.10	$830.95	$847.14	$796.98
89 **SANTIAGO, EDUARDO**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
90 **SANTIBANEZ, ANGELICA**	Employee	35	Employee + Spouse	$409.28	$391.36	$353.43	$360.32	$338.99
	Spouse	42		$443.77	$424.34	$383.22	$390.69	$367.56
91 **SCHOPP-ORTEGA, YVETTE**	Employee	37	Employee	$414.63	$396.48	$358.06	$365.04	$343.43
92 **SILVA, SERAFIN**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
93 **SILVESTRE DELGADO, YENIFER**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85
94 **SOLORZANO, MARIA**	Employee	40	Employee	$428.03	$409.29	$369.63	$376.83	$354.52
95 **SOTO, CYNTHIA**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
96 **SOTO-MORALES, RODRIGO**	Employee	36	Employee	$411.96	$393.92	$355.75	$362.68	$341.21
97 **TEJADA, ANA**	Employee	33	Employee	$401.24	$383.67	$346.49	$353.24	$332.33
98 **TEJADA, MARIA**	Employee	24	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
99 **TERAN, NUBIA**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54

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Renewal Options: HMO Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
100 **TESO, FRANCES**	Employee	53	Employee + Family	$683.24	$653.33	$590.02	$601.52	$565.90
	Spouse	54		$715.06	$683.75	$617.50	$629.53	$592.26
	Dependent	25		$336.26	$321.54	$290.38	$296.04	$278.51
	Dependent	23		$334.92	$320.26	$289.23	$294.86	$277.40
101 **TORRES, ISABEL**	Employee	22	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
102 **VALENZUELA, CINDY**	Employee	38	Employee	$417.31	$399.04	$360.38	$367.40	$345.64
103 **VALLE-GUERRERO, ALICIA**	Employee	31	Employee	$388.18	$371.18	$335.21	$341.75	$321.51
104 **VASQUEZ, KAREN**	Employee	26	Employee	$342.96	$327.95	$296.17	$301.94	$284.06
105 **VILLALOBOS, LLESENIA**	Employee	28	Employee	$364.06	$348.12	$314.39	$320.52	$301.54
106 **VILLASENOR, JUAN**	Employee	35	Employee + Child(ren)	$409.28	$391.36	$353.43	$360.32	$338.99
	Dependent	3		$270.21	$258.99	$235.25	$239.56	$226.20
107 **ZAMORA, ELIZABETH**	Employee	23	Employee	$334.92	$320.26	$289.23	$294.86	$277.40
108 **ZHU, SILVIA**	Employee	30	Employee	$380.14	$363.49	$328.27	$334.67	$314.85

Total Employee Premium	$43,682.61	$41,770.09	$37,722.60	$38,457.76	$36,180.50
Total Dependent Premium	$6,957.88	$6,659.96	$6,029.55	$6,144.04	$5,789.31
Total Monthly Premium	**$50,640.49**	**$48,430.05**	**$43,752.15**	**$44,601.80**	**$41,969.81**
Differential from current premium if all members renew on this plan	**-18.18%**	**-21.76%**	**-29.31%**	**-27.94%**	**-32.19%**

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HMO Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org. For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org.
The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% Alt plan..

Benefits/Services	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 0/30 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
Plan Deductible	$0	$0	$0	$250 $500	$1,000 Individual $2,000 Family
Out-of-Pocket (OOP) Maximum	$3,000 Individual $6,000 Family	$4,500 Individual $9,000 Family	$7,000 Individual $14,000 Family	$7,800 Individual $15,600 Family	$7,800 Individual $15,600 Family
Primary Care Visits	$10	$20	$30	$35	$40
Specialty Care Visits	$20	$30	$35	$55	$60
Outpatient Surgery	$300	$125	$320	$335 (after deductible)	$350
Emergency Visits	$200	$150	$250	$250 (after deductible)	$350
Inpatient Hospital Care	$500 per admission	$250 per day up to 5 days per admission	$600 per day up to 5 days per admission	$600 per day up to 5 days per admission (after deductible)	$600 per day up to 5 days per admission (after deductible)
Prescriptions					
Generic *Up to a 30-day supply*	$5	$5	$15	$15	$20
Brand *Up to a 30-day supply*	$15	$20	$40	$40	$50 (after $250 drug deductible)
Specialty *Up to a 30-day supply*	10% up to $250 maximum	10% up to $250 maximum	20% up to $250 maximum	20% up to $250 maximum	20% up to $250 maximum (after $250 drug deductible)

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HMO Plan Benefits (continued)

Benefits/Services	Gold 80 HRA HMO 2250/35 + Child Dental	Gold 80 HDHP HMO 1600/15% + Child Dental Alt	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2100/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental
Plan Deductible	$2,250 Individual $4,500 Family	$2,800 Individual $3,200 Family	$1,650 Individual $3,300 Family	$2,100 Individual $4,200 Family	$2,250 Individual $4,500 Family
Out-of-Pocket (OOP) Maximum	$7,800 Individual $15,600 Family	$3,250 Individual $6,500 Family	$8,200 Individual $16,400 Family	$8,200 Individual $16,400 Family	$8,200 Individual $16,400 Family
Primary Care Visits	$35	15% (after deductible)	$55	$55	$55
Specialty Care Visits	$50	15% (after deductible)	$80	$80	$90
Outpatient Surgery	25% (after deductible)	15% (after deductible)	40% (after deductible)	45% (after deductible)	30% (after deductible)
Emergency Visits	25% (after deductible)	15% (after deductible)	40% (after deductible)	45% (after deductible)	30% (after deductible)
Inpatient Hospital Care	25% (after deductible)	15% (after deductible)	40% (after deductible)	45% (after deductible)	30% (after deductible)
Prescriptions					
Generic *Up to a 30-day supply*	$15	$15 (after deductible)	$20	$20	$17
Brand *Up to a 30-day supply*	$30 (after $100 drug deductible)	$45 (after deductible)	$75 (after $350 drug deductible)	$75 (after $500 drug deductible)	$80 (after $300 drug deductible)
Specialty *Up to a 30-day supply*	20% (after $100 drug deductible) up to $250 maximum	15% up to $250 maximum (after deductible)	20% up to $250 maximum (after $350 drug deductible)	20% up to $250 maximum (after $500 drug deductible)	30% up to $250 maximum (after $300 drug deductible)

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HMO Plan Benefits (continued)

Benefits/Services	Silver 70 HMO 2600/55 + Child Dental Alt	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
Plan Deductible	$2,600 Individual $5,200 Family	$2,800 Individual $2,500 Self-only $5,000 Family	$5,400 Individual $10,800 Family	$6,300 Individual $12,600 Family	$7,000 Individual $14,000 Family
Out-of-Pocket (OOP) Maximum	$8,200 Individual $16,400 Family	$6,850 Individual $13,700 Family	$8,200 Individual $16,400 Family	$8,200 Individual $16,400 Family	$7,000 Individual $14,000 Family
Primary Care Visits	$55	20% (after deductible)	$60 (after deductible	$65 (after deductible)	$0 (after deductible)
Specialty Care Visits	$80	20% (after deductible)	$80 (after deductible)	$95 (after deductible)	$0 (after deductible)
Outpatient Surgery	45% (after deductible)	20% (after deductible)	50% (after deductible)	40% (after deductible)	$0 (after deductible)
Emergency Visits	45% (after deductible)	20% (after deductible)	50% (after deductible)	40% (after deductible)	$0 (after deductible)
Inpatient Hospital Care	45% (after deductible)	20% (after deductible)	50% (after deductible)	40% (after deductible)	$0 (after deductible)
Prescriptions					
Generic *Up to a 30-day supply*	$20	20% up to $250 maximum (after deductible)	$20	$18 (after $500 drug deductible)	$0 (after deductible)
Brand *Up to a 30-day supply*	$75 (after deductible)	20% up to $250 maximum (after deductible)	50% up to $500 maximum (after deductible)	40% up to $500 maximum(after $500 drug deductible)	$0 (after deductible)
Specialty *Up to a 30-day supply*	45% up to $250 maximum (after deductible)	20% up to $250 maximum (after deductible)	50% up to $500 maximum (after deductible)	40% up to $500 maximum (after $500 drug deductible)	$0 (after deductible)

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Renewal Options: PPO Insurance Plans

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
1 **AGUILAR, GABRIELA**	Employee	32	Employee	$1,065.65	$935.16	$788.11	$661.45
2 **ALCAZAR, JOSE**	Employee	23	Employee	$900.81	$790.50	$666.20	$559.13
3 **ALEJANDRE, CAROLINA**	Employee	32	Employee	$1,065.65	$935.16	$788.11	$661.45
4 **ANAYA, MAYRA**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
5 **ANDRADE, GISELLE**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
6 **ARRIAGA, MICHELLE**	Employee	34	Employee	$1,093.58	$959.67	$808.76	$678.78
7 **AVILA, TALINA**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	44	Employee	$1,258.43	$1,104.33	$930.68	$781.10
9 **BANUELOS, LILIANA**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
10 **BARAHONA, NANCY**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	24	Employee	$900.81	$790.50	$666.20	$559.13
12 **BARRON, CATHERINE**	Employee	44	Employee + Child(ren)	$1,258.43	$1,104.33	$930.68	$781.10
	Dependent	14		$689.12	$604.73	$509.64	$427.73
13 **BERNAL, ROBERTO**	Employee	34	Employee + Spouse	$1,093.58	$959.67	$808.76	$678.78
	Spouse	28		$979.18	$859.27	$724.16	$607.77
14 **CABALLERO-SANCHEZ, MAKAYLA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
15 **CARRERA-VILLARREAL, BRINCY**	Employee	28	Employee + Spouse	$979.18	$859.27	$724.16	$607.77
	Spouse	27		$944.04	$828.44	$698.17	$585.97

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
16 **CARROLL, ADRIENNE**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
17 **CAZARES, SUSANA**	Employee	33	Employee	$1,079.17	$947.02	$798.10	$669.84
18 **CERVANTES, NINA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
19 **CHAVEZ GAMA, MIRIAM**	Employee	27	Employee + Child(ren)	$944.04	$828.44	$698.17	$585.97
	Dependent	4		$689.12	$604.73	$509.64	$427.73
20 **CIPRIANO, CECILIA**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61
21 **CISNEROS, DIANA**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
22 **CORONA, JENIFER**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
23 **CORTES, PRISCILLA**	Employee	30	Employee + Child(ren)	$1,022.42	$897.22	$756.13	$634.61
	Dependent	10		$689.12	$604.73	$509.64	$427.73
24 **COUGHLIN, HALEY**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
25 **DAILY, MATTHEW**	Employee	36	Employee	$1,107.99	$972.31	$819.42	$687.73
26 **DEBERRY, CHRISTINA**	Employee	36	Employee	$1,107.99	$972.31	$819.42	$687.73
27 **DENSION, SOMMER**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
28 **DO, QUE**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
29 **FERNANDEZ, AIDEE**	Employee	43	Employee + Child(ren)	$1,222.39	$1,072.71	$904.03	$758.74
	Dependent	16		$773.79	$679.04	$572.26	$480.29
	Dependent	13		$689.12	$604.73	$509.64	$427.73
30 **FERNANDEZ, BIANCA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
31 **FLORES, DEANNA**	Employee	59	Employee	$2,344.80	$2,057.67	$1,734.11	$1,455.42

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
32 **FRIAS, JOCELYN**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
33 **GABRIEL, BRIGIDA**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
34 **GARCIA, ELIZABETH**	Employee	53	Employee	$1,837.64	$1,612.62	$1,359.04	$1,140.63
35 **GARIBAY, JOSE**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
36 **GODINEZ URIBE, JESSICA**	Employee	23	Employee	$900.81	$790.50	$666.20	$559.13
37 **GOMEZ, DANIELA**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61
38 **GOMEZ, JORGE**	Employee	32	Employee	$1,065.65	$935.16	$788.11	$661.45
39 **GUTIERREZ, ISEL**	Employee	23	Employee + Family	$900.81	$790.50	$666.20	$559.13
	Spouse	26		$922.43	$809.47	$682.19	$572.55
	Dependent	0		$689.12	$604.73	$509.64	$427.73
40 **GUTIERREZ, LAURA**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
41 **GUTIERREZ, LUZ**	Employee	44	Employee	$1,258.43	$1,104.33	$930.68	$781.10
42 **HOLLAND, MIRIAM**	Employee	38	Employee	$1,122.40	$984.96	$830.08	$696.68
43 **HUERTA DE LA CRUZ, CHRISTOPHER**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
44 **IBANEZ, GENESIS**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
45 **JACINTO, OLIVIA**	Employee	58	Employee	$2,295.25	$2,014.19	$1,697.47	$1,424.66
46 **JERONIMO, ARENY**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
47 **JOHNSON, VANESSA**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
48 **KESSEL, JAQUELINE**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
49 **LARA, DIANA**	Employee	24	Employee	$900.81	$790.50	$666.20	$559.13

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
50 **LEDESMA, RIGOBERTO**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
51 **LEMUS, MARIA**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
52 **LEYBA, CINTHIA**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
53 **LOPEZ, VICKY**	Employee	23	Employee	$900.81	$790.50	$666.20	$559.13
54 **LOPEZ SERRANO, LUISA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
55 **LOYA, PATRICIA**	Employee	53	Employee	$1,837.64	$1,612.62	$1,359.04	$1,140.63
56 **LUQUIN, IVAN**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61
57 **MALLAMACE, MEGAN**	Employee	42	Employee + Child(ren)	$1,193.57	$1,047.41	$882.71	$740.85
	Dependent	11		$689.12	$604.73	$509.64	$427.73
58 **MARTINEZ ALMANZA, ALMA**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
59 **MASON, JONATHAN**	Employee	24	Employee	$900.81	$790.50	$666.20	$559.13
60 **MCGUIGAN, MADELYN**	Employee	27	Employee + Spouse	$944.04	$828.44	$698.17	$585.97
	Spouse	27		$944.04	$828.44	$698.17	$585.97
61 **MIJANGOS, ARIANA**	Employee	24	Employee + Child(ren)	$900.81	$790.50	$666.20	$559.13
	Dependent	2		$689.12	$604.73	$509.64	$427.73
62 **MONTERROSA, VANESSA**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
63 **MOORE, MARIE**	Employee	44	Employee	$1,258.43	$1,104.33	$930.68	$781.10
64 **MORALES, ARIANA**	Employee	23	Employee	$900.81	$790.50	$666.20	$559.13

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
65 **MORALES, BIRIDIANA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
66 **MORENO, ANTHONY**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
67 **MORONES, ROSAURA**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
68 **NGUYEN-CRUZ, MARIA**	Employee	25	Employee	$904.41	$793.66	$668.86	$561.37
69 **NUNEZ, ROMELIA**	Employee	44	Employee	$1,258.43	$1,104.33	$930.68	$781.10
70 **OLVERS, ANDRES**	Employee	65	Employee	$2,702.43	$2,371.50	$1,998.60	$1,677.39
71 **ORTIZ, JOSELYN**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
72 **OSUNA, ALEJANDRA**	Employee	27	Employee + Spouse	$944.04	$828.44	$698.17	$585.97
	Spouse	27		$944.04	$828.44	$698.17	$585.97
73 **PEARSON, ELENA**	Employee	42	Employee	$1,193.57	$1,047.41	$882.71	$740.85
74 **PERALES, ABBYGAEL**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
75 **PEREZ, LUPE**	Employee	47	Employee	$1,407.96	$1,235.55	$1,041.27	$873.92
76 **PEREZ-GARCIA, KARLA**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
77 **QUINTANILLA, GABRIELA**	Employee	29	Employee	$1,008.00	$884.57	$745.47	$625.67
78 **RAMIREZ, ANA**	Employee	42	Employee	$1,193.57	$1,047.41	$882.71	$740.85
79 **RAMIREZ LOPEZ, CLAUDIA**	Employee	24	Employee	$900.81	$790.50	$666.20	$559.13

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
80 **RAMIREZ SOTO, LIZBETH**	Employee	25	Employee + Spouse	$904.41	$793.66	$668.86	$561.37
	Spouse	28		$979.18	$859.27	$724.16	$607.77
81 **RIAHI, ELAHEH**	Employee	39	Employee + Child(ren)	$1,136.82	$997.61	$840.74	$705.62
	Dependent	4		$689.12	$604.73	$509.64	$427.73
	Dependent	2		$689.12	$604.73	$509.64	$427.73
82 **RIVAS, ALYCE**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61
83 **ROCHA-ORTIZ, BERTHA**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
84 **ROSAS, SANDRA**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
85 **SALCEDO, EDUARDO**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
86 **SAMANO RUIZ, MAYRA**	Employee	39	Employee	$1,136.82	$997.61	$840.74	$705.62
87 **SANCHEZ, JASMINE**	Employee	27	Employee	$944.04	$828.44	$698.17	$585.97
88 **SANCHEZ, ROGELIO**	Employee	62	Employee	$2,588.02	$2,271.10	$1,913.98	$1,606.38
89 **SANTIAGO, EDUARDO**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
90 **SANTIBANEZ, ANGELICA**	Employee	35	Employee + Spouse	$1,100.79	$965.99	$814.09	$683.26
	Spouse	42		$1,193.57	$1,047.41	$882.71	$740.85
91 **SCHOPP-ORTEGA, YVETTE**	Employee	37	Employee	$1,115.20	$978.64	$824.75	$692.20
92 **SILVA, SERAFIN**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
93 **SILVESTRE DELGADO, YENIFER**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61
94 **SOLORZANO, MARIA**	Employee	40	Employee	$1,151.23	$1,010.26	$851.40	$714.57
95 **SOTO, CYNTHIA**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
96 **SOTO-MORALES, RODRIGO**	Employee	36	Employee	$1,107.99	$972.31	$819.42	$687.73
97 **TEJADA, ANA**	Employee	33	Employee	$1,079.17	$947.02	$798.10	$669.84
98 **TEJADA, MARIA**	Employee	24	Employee	$900.81	$790.50	$666.20	$559.13
99 **TERAN, NUBIA**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
100 **TESO, FRANCES**	Employee	53	Employee + Family	$1,837.64	$1,612.62	$1,359.04	$1,140.63
	Spouse	54		$1,923.22	$1,687.72	$1,422.33	$1,193.74
	Dependent	25		$904.41	$793.66	$668.86	$561.37
	Dependent	23		$900.81	$790.50	$666.20	$559.13
101 **TORRES, ISABEL**	Employee	22	Employee	$900.81	$790.50	$666.20	$559.13
102 **VALENZUELA, CINDY**	Employee	38	Employee	$1,122.40	$984.96	$830.08	$696.68
103 **VALLE-GUERRERO, ALICIA**	Employee	31	Employee	$1,044.03	$916.19	$772.12	$648.03
104 **VASQUEZ, KAREN**	Employee	26	Employee	$922.43	$809.47	$682.19	$572.55
105 **VILLALOBOS, LLESENIA**	Employee	28	Employee	$979.18	$859.27	$724.16	$607.77
106 **VILLASENOR, JUAN**	Employee	35	Employee + Child(ren)	$1,100.79	$965.99	$814.09	$683.26
	Dependent	3		$689.12	$604.73	$509.64	$427.73

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Renewal Options: PPO Insurance Plans (continued)

Employee Name	Status	Age at Renewal	Tier	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/55 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
107 **ZAMORA, ELIZABETH**	Employee	23	Employee	$900.81	$790.50	$666.20	$559.13
108 **ZHU, SILVIA**	Employee	30	Employee	$1,022.42	$897.22	$756.13	$634.61

Total Employee Premium	$117,488.64	$103,101.63	$86,889.37	$72,925.11
Total Dependent Premium	$18,299.91	$16,058.96	$13,533.78	$11,358.68
Total Monthly Premium	**$135,788.55**	**$119,160.59**	**$100,423.15**	**$84,283.79**
Differential from current premium if all members renew on this plan	**119.38%**	**92.52%**	**62.25%**	**36.17%**

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PPO Insurance Plan Benefits

Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org. SBCs include information to help employees make the right plan choice based on their needs, and you are required to provide eligible employees with SBCs for your renewal plan(s) or for any plan(s) you change to in the future. For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org.

	Platinum 90 PPO 0/15 + Child Dental		Gold 80 PPO 350/25 + Child Dental	
Benefits/Services	**Participating Providers (in-network)**	**Non-Participating Providers (out-of-network)**	**Participating Providers (in-network)**	**Non-Participating Providers (out-of-network)**
Plan Deductible	$0	$500 Individual $1,000 Family	$350 $700 Family	$1,000 Individual $2,000 Family
Out-of-Pocket (OOP) Maximum	$4,500 Individual $9,000 Family	$9,000 Individual $18,000 Family	$7,800 Individual $15,600 Family	$15,600 Individual $31,200 Family
Primary Care Visits	$15	30% (after deductible)	$25	40% (after deductible)
Specialty Care Visits	$30	30% (after deductible)	$50	40% (after deductible)
Outpatient Surgery	10%	30% (after deductible)	20%	40% (after deductible)
Emergency Visits	$200	$200	20% (after deductible)	20% (after deductible)
Inpatient Hospital Care	10%	30% (after deductible)	20% (after deductible)	40% (after deductible)
Prescriptions				
Generic *Up to a 30-day supply*	$10	$10	$15	$15
Brand *Up to a 30-day supply*	$25	$25	$50	$50
Specialty *Up to a 30-day supply*	10% up to $250 maximum	10% up to $250 maximum	20% up to $250 maximum	20% per prescription up to $250 maximum

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PPO Insurance Plan Benefits (continued)

	Silver 70 PPO 2250/55 + Child Dental		Bronze 60 PPO 6300/65 + Child Dental	
Benefits/Services	**Participating Providers (in-network)**	**Non-Participating Providers (out-of-network)**	**Participating Providers (in-network)**	**Non-Participating Providers (out-of-network)**
Plan Deductible	$2,250 Individual $4,500 Family	$4,500 Individual $9,000 Family	$6,300 Individual $12,600 Family	$12,600 Individual $25,200 Family
Out-of-Pocket (OOP) Maximum	$8,200 Individual $16,400 Family	$16,400 Individual $32,800 Family	$8,200 Individual $16,400 Family	$16,400 Individual $32,800 Family
Primary Care Visits	$55	40% (after deductible)	$65 (after deductible)	100% (up to OOP maximum)
Specialty Care Visits	$90	40% (after deductible)	$95 (after deductible)	100% (up to OOP maximum)
Outpatient Surgery	30% (after deductible)	40% (after deductible)	40% (after deductible)	100% (up to OOP maximum)
Emergency Visits	30% (after deductible)	30% (after deductible)	40% (after deductible)	40% (up to OOP maximum)
Inpatient Hospital Care	30% (after deductible)	40% (after deductible)	40% (after deductible)	100% (up to OOP maximum)
Prescriptions				
Generic *Up to a 30-day supply*	$17	$17	$18 (after $500 drug deductible)	$18 (after $500 drug deductible)
Brand *Up to a 30-day supply*	$80 (after $300 drug deductible)	$80 (after $300 drug deductible)	40% up to $500 maximum(after $500 drug deductible)	40% up to $500 maximum (after $500 drug deductible)
Specialty *Up to a 30-day supply*	30% up to $250 maximum (after $300 drug deductible)	30% up to $250 maximum (after $300 drug deductible)	40% up to $500 maximum (after $500 drug deductible)	40% up to $500 maximum (after $500 drug deductible)

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Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
1 AGUILAR, GABRIELA	Employee	Employee	$23.25	$17.01
2 ALCAZAR, JOSE	Employee	Employee	$23.25	$17.01
3 ALEJANDRE, CAROLINA	Employee	Employee	$23.25	$17.01
4 ANAYA, MAYRA	Employee	Employee	$23.25	$17.01
5 ANDRADE, GISELLE	Employee	Employee	$23.25	$17.01
6 ARRIAGA, MICHELLE	Employee	Employee	$23.25	$17.01
7 AVILA, TALINA	Employee	Employee	$23.25	$17.01
8 BALASSOUBRAMANIANE, YAMINI	Employee	Employee	$23.25	$17.01
9 BANUELOS, LILIANA	Employee	Employee	$23.25	$17.01
10 BARAHONA, NANCY	Employee	Employee	$23.25	$17.01
11 BARRAGAN ENCARNACION, PAOLA	Employee	Employee	$23.25	$17.01
12 BARRON, CATHERINE	Employee	Employee + Child(ren)	$61.85	$45.25
13 BERNAL, ROBERTO	Employee	Employee + Spouse	$44.41	$32.49
14 CABALLERO- SANCHEZ, MAKAYLA	Employee	Employee	$23.25	$17.01
15 CARRERA-VILLARREAL, BRINCY	Employee	Employee + Spouse	$44.41	$32.49
16 CARROLL, ADRIENNE	Employee	Employee	$23.25	$17.01
17 CAZARES, SUSANA	Employee	Employee	$23.25	$17.01
18 CERVANTES, NINA	Employee	Employee	$23.25	$17.01
19 CHAVEZ GAMA, MIRIAM	Employee	Employee + Child(ren)	$61.85	$45.25

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Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO (continued)

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
20 CIPRIANO, CECILIA	Employee	Employee	$23.25	$17.01
21 CISNEROS, DIANA	Employee	Employee	$23.25	$17.01
22 CORONA, JENIFER	Employee	Employee	$23.25	$17.01
23 CORTES, PRISCILLA	Employee	Employee + Child(ren)	$61.85	$45.25
24 COUGHLIN, HALEY	Employee	Employee	$23.25	$17.01
25 DAILY, MATTHEW	Employee	Employee	$23.25	$17.01
26 DEBERRY, CHRISTINA	Employee	Employee	$23.25	$17.01
27 DENSION, SOMMER	Employee	Employee	$23.25	$17.01
28 DO, QUE	Employee	Employee	$23.25	$17.01
29 FERNANDEZ, AIDEE	Employee	Employee + Child(ren)	$61.85	$45.25
30 FERNANDEZ, BIANCA	Employee	Employee	$23.25	$17.01
31 FLORES, DEANNA	Employee	Employee	$23.25	$17.01
32 FRIAS, JOCELYN	Employee	Employee	$23.25	$17.01
33 GABRIEL, BRIGIDA	Employee	Employee	$23.25	$17.01
34 GARCIA, ELIZABETH	Employee	Employee	$23.25	$17.01
35 GARIBAY, JOSE	Employee	Employee	$23.25	$17.01
36 GODINEZ URIBE, JESSICA	Employee	Employee	$23.25	$17.01
37 GOMEZ, DANIELA	Employee	Employee	$23.25	$17.01
38 GOMEZ, JORGE	Employee	Employee	$23.25	$17.01
39 GUTIERREZ, ISEL	Employee	Employee + Family	$85.33	$62.43
40 GUTIERREZ, LAURA	Employee	Employee	$23.25	$17.01
41 GUTIERREZ, LUZ	Employee	Employee	$23.25	$17.01
42 HOLLAND, MIRIAM	Employee	Employee	$23.25	$17.01

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Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO (continued)

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
43 HUERTA DE LA CRUZ, CHRISTOPHER	Employee	Employee	$23.25	$17.01
44 IBANEZ, GENESIS	Employee	Employee	$23.25	$17.01
45 JACINTO, OLIVIA	Employee	Employee	$23.25	$17.01
46 JERONIMO, ARENY	Employee	Employee	$23.25	$17.01
47 JOHNSON, VANESSA	Employee	Employee	$23.25	$17.01
48 KESSEL, JAQUELINE	Employee	Employee	$23.25	$17.01
49 LARA, DIANA	Employee	Employee	$23.25	$17.01
50 LEDESMA, RIGOBERTO	Employee	Employee	$23.25	$17.01
51 LEMUS, MARIA	Employee	Employee	$23.25	$17.01
52 LEYBA, CINTHIA	Employee	Employee	$23.25	$17.01
53 LOPEZ, VICKY	Employee	Employee	$23.25	$17.01
54 LOPEZ SERRANO, LUISA	Employee	Employee	$23.25	$17.01
55 LOYA, PATRICIA	Employee	Employee	$23.25	$17.01
56 LUQUIN, IVAN	Employee	Employee	$23.25	$17.01
57 MALLAMACE, MEGAN	Employee	Employee + Child(ren)	$61.85	$45.25
58 MARTINEZ ALMANZA, ALMA	Employee	Employee	$23.25	$17.01
59 MASON, JONATHAN	Employee	Employee	$23.25	$17.01
60 MCGUIGAN, MADELYN	Employee	Employee + Spouse	$44.41	$32.49
61 MIJANGOS, ARIANA	Employee	Employee + Child(ren)	$61.85	$45.25
62 MONTERROSA, VANESSA	Employee	Employee	$23.25	$17.01
63 MOORE, MARIE	Employee	Employee	$23.25	$17.01
64 MORALES, ARIANA	Employee	Employee	$23.25	$17.01
65 MORALES, BIRIDIANA	Employee	Employee	$23.25	$17.01

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Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO (continued)

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
66 MORENO, ANTHONY	Employee	Employee	$23.25	$17.01
67 MORONES, ROSAURA	Employee	Employee	$23.25	$17.01
68 NGUYEN-CRUZ, MARIA	Employee	Employee	$23.25	$17.01
69 NUNEZ, ROMELIA	Employee	Employee	$23.25	$17.01
70 OLVERS, ANDRES	Employee	Employee	$23.25	$17.01
71 ORTIZ, JOSELYN	Employee	Employee	$23.25	$17.01
72 OSUNA, ALEJANDRA	Employee	Employee + Spouse	$44.41	$32.49
73 PEARSON, ELENA	Employee	Employee	$23.25	$17.01
74 PERALES, ABBYGAEL	Employee	Employee	$23.25	$17.01
75 PEREZ, LUPE	Employee	Employee	$23.25	$17.01
76 PEREZ-GARCIA, KARLA	Employee	Employee	$23.25	$17.01
77 QUINTANILLA, GABRIELA	Employee	Employee	$23.25	$17.01
78 RAMIREZ, ANA	Employee	Employee	$23.25	$17.01
79 RAMIREZ LOPEZ, CLAUDIA	Employee	Employee	$23.25	$17.01
80 RAMIREZ SOTO, LIZBETH	Employee	Employee + Spouse	$44.41	$32.49
81 RIAHI, ELAHEH	Employee	Employee + Child(ren)	$61.85	$45.25
82 RIVAS, ALYCE	Employee	Employee	$23.25	$17.01
83 ROCHA-ORTIZ, BERTHA	Employee	Employee	$23.25	$17.01
84 ROSAS, SANDRA	Employee	Employee	$23.25	$17.01
85 SALCEDO, EDUARDO	Employee	Employee	$23.25	$17.01
86 SAMANO RUIZ, MAYRA	Employee	Employee	$23.25	$17.01
87 SANCHEZ, JASMINE	Employee	Employee	$23.25	$17.01
88 SANCHEZ, ROGELIO	Employee	Employee	$23.25	$17.01
89 SANTIAGO, EDUARDO	Employee	Employee	$23.25	$17.01
90 SANTIBANEZ, ANGELICA	Employee	Employee + Spouse	$44.41	$32.49

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Renewal Options: Supplemental Family Dental Plans—DeltaCare HMO (continued)

Employee Name	Status	Tier	DeltaCare HMO 10A	DeltaCare HMO 13B
91 **SCHOPP-ORTEGA, YVETTE**	Employee	Employee	$23.25	$17.01
92 **SILVA, SERAFIN**	Employee	Employee	$23.25	$17.01
93 **SILVESTRE DELGADO, YENIFER**	Employee	Employee	$23.25	$17.01
94 **SOLORZANO, MARIA**	Employee	Employee	$23.25	$17.01
95 **SOTO, CYNTHIA**	Employee	Employee	$23.25	$17.01
96 **SOTO-MORALES, RODRIGO**	Employee	Employee	$23.25	$17.01
97 **TEJADA, ANA**	Employee	Employee	$23.25	$17.01
98 **TEJADA, MARIA**	Employee	Employee	$23.25	$17.01
99 **TERAN, NUBIA**	Employee	Employee	$23.25	$17.01
100 **TESO, FRANCES**	Employee	Employee + Family	$85.33	$62.43
101 **TORRES, ISABEL**	Employee	Employee	$23.25	$17.01
102 **VALENZUELA, CINDY**	Employee	Employee	$23.25	$17.01
103 **VALLE-GUERRERO, ALICIA**	Employee	Employee	$23.25	$17.01
104 **VASQUEZ, KAREN**	Employee	Employee	$23.25	$17.01
105 **VILLALOBOS, LLESENIA**	Employee	Employee	$23.25	$17.01
106 **VILLASENOR, JUAN**	Employee	Employee + Child(ren)	$61.85	$45.25
107 **ZAMORA, ELIZABETH**	Employee	Employee	$23.25	$17.01
108 **ZHU, SILVIA**	Employee	Employee	$23.25	$17.01
		Total Monthly Premium	**$3,070.92**	**$2,246.72**

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Supplemental Family Dental Plan Benefits—DeltaCare HMO

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage.*

Benefits/Services	DeltaCare HMO 10A	DeltaCare HMO 13B
Year deductible per member	None	None
Benefit maximum per member per year	None	None
Procedures not subject to deductible		
Exams	$0	$0
Bitewing X-rays	$0	$0
Other X-rays	$0	$0
Procedures subject to deductible		
Fillings	$0	$0
Crowns	$195 (porcelain)	$355 (porcelain)
Prosthodontics	$100	$285
Orthodontics (Children to age 19)	$1,700	$1,900
Orthodontics (Adults)	$1,900	$2,100

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Renewal Options: Supplemental Family Dental Plans—KPIC PPO

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
1 **AGUILAR, GABRIELA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
2 **ALCAZAR, JOSE**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
3 **ALEJANDRE, CAROLINA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
4 **ANAYA, MAYRA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
5 **ANDRADE, GISELLE**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
6 **ARRIAGA, MICHELLE**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
7 **AVILA, TALINA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
9 **BANUELOS, LILIANA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
10 **BARAHONA, NANCY**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
12 **BARRON, CATHERINE**	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
13 **BERNAL, ROBERTO**	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74
14 **CABALLERO- SANCHEZ, MAKAYLA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
15 **CARRERA-VILLARREAL, BRINCY**	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74
16 **CARROLL, ADRIENNE**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
17 **CAZARES, SUSANA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
18 **CERVANTES, NINA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
19 **CHAVEZ GAMA, MIRIAM**	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66

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Renewal Options: Supplemental Family Dental Plans—KPIC PPO (continued)

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
20 CIPRIANO, CECILIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
21 CISNEROS, DIANA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
22 CORONA, JENIFER	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
23 CORTES, PRISCILLA	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
24 COUGHLIN, HALEY	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
25 DAILY, MATTHEW	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
26 DEBERRY, CHRISTINA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
27 DENSION, SOMMER	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
28 DO, QUE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
29 FERNANDEZ, AIDEE	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
30 FERNANDEZ, BIANCA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
31 FLORES, DEANNA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
32 FRIAS, JOCELYN	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
33 GABRIEL, BRIGIDA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
34 GARCIA, ELIZABETH	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
35 GARIBAY, JOSE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
36 GODINEZ URIBE, JESSICA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
37 GOMEZ, DANIELA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
38 GOMEZ, JORGE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
39 GUTIERREZ, ISEL	Employee	Employee + Family	$211.02	$229.87	$144.21	$175.90	$193.92
40 GUTIERREZ, LAURA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
41 GUTIERREZ, LUZ	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
42 HOLLAND, MIRIAM	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41

KAISER PERMANENTE®

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Renewal Options: Supplemental Family Dental Plans—KPIC PPO (continued)

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
43 HUERTA DE LA CRUZ, CHRISTOPHER	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
44 IBANEZ, GENESIS	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
45 JACINTO, OLIVIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
46 JERONIMO, ARENY	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
47 JOHNSON, VANESSA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
48 KESSEL, JAQUELINE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
49 LARA, DIANA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
50 LEDESMA, RIGOBERTO	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
51 LEMUS, MARIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
52 LEYBA, CINTHIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
53 LOPEZ, VICKY	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
54 LOPEZ SERRANO, LUISA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
55 LOYA, PATRICIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
56 LUQUIN, IVAN	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
57 MALLAMACE, MEGAN	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
58 MARTINEZ ALMANZA, ALMA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
59 MASON, JONATHAN	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
60 MCGUIGAN, MADELYN	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74
61 MIJANGOS, ARIANA	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
62 MONTERROSA, VANESSA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
63 MOORE, MARIE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
64 MORALES, ARIANA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
65 MORALES, BIRIDIANA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41

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Renewal Options: Supplemental Family Dental Plans—KPIC PPO (continued)

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
66 MORENO, ANTHONY	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
67 MORONES, ROSAURA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
68 NGUYEN-CRUZ, MARIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
69 NUNEZ, ROMELIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
70 OLVERS, ANDRES	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
71 ORTIZ, JOSELYN	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
72 OSUNA, ALEJANDRA	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74
73 PEARSON, ELENA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
74 PERALES, ABBYGAEL	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
75 PEREZ, LUPE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
76 PEREZ-GARCIA, KARLA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
77 QUINTANILLA, GABRIELA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
78 RAMIREZ, ANA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
79 RAMIREZ LOPEZ, CLAUDIA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
80 RAMIREZ SOTO, LIZBETH	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74
81 RIAHI, ELAHEH	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
82 RIVAS, ALYCE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
83 ROCHA-ORTIZ, BERTHA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
84 ROSAS, SANDRA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
85 SALCEDO, EDUARDO	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
86 SAMANO RUIZ, MAYRA	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
87 SANCHEZ, JASMINE	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
88 SANCHEZ, ROGELIO	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
89 SANTIAGO, EDUARDO	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
90 SANTIBANEZ, ANGELICA	Employee	Employee + Spouse	$130.30	$141.94	$89.05	$108.61	$119.74

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Renewal Options: Supplemental Family Dental Plans—KPIC PPO (continued)

Employee Name	Status	Tier	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
91 **SCHOPP-ORTEGA, YVETTE**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
92 **SILVA, SERAFIN**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
93 **SILVESTRE DELGADO, YENIFER**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
94 **SOLORZANO, MARIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
95 **SOTO, CYNTHIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
96 **SOTO-MORALES, RODRIGO**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
97 **TEJADA, ANA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
98 **TEJADA, MARIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
99 **TERAN, NUBIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
100 **TESO, FRANCES**	Employee	Employee + Family	$211.02	$229.87	$144.21	$175.90	$193.92
101 **TORRES, ISABEL**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
102 **VALENZUELA, CINDY**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
103 **VALLE-GUERRERO, ALICIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
104 **VASQUEZ, KAREN**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
105 **VILLALOBOS, LLESENIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
106 **VILLASENOR, JUAN**	Employee	Employee + Child(ren)	$133.48	$145.40	$91.22	$111.26	$122.66
107 **ZAMORA, ELIZABETH**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
108 **ZHU, SILVIA**	Employee	Employee	$63.56	$69.24	$43.44	$52.98	$58.41
		Total Monthly Premium	**$8,119.20**	**$8,844.66**	**$5,548.96**	**$6,767.70**	**$7,461.28**

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Supplemental Family Dental Plan Benefits—KPIC PPO

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage.*

Benefits/Services	KPIC PPO AG 1500	KPIC PPO AH 2000	KPIC PPO D 1500	KPIC PPO E 1000	KPIC PPO E 1500
	In Network/Out of Network				
Year deductible per member	$50/$50 per member	$50/$50 per member	$25/$50	$25/$50	$25/$50
Benefit maximum per member per year	$1,500 per member	$2,000 per member	$1,500	$1,000	$1,500
Procedures not subject to deductible					
	Plan Pays				
Exams	100%/90%	100%/90%	100%/50%	100%/50%	100%/50%
Bitewing X-rays	100%/90%	100%/90%	100%/50%	100%/50%	100%/50%
Other X-rays	80%/70%	80%/70%	80%/50%	80%/50%	80%/50%
Procedures subject to deductible					
Fillings	80%/70%	80%/70%	80%/50%	80%/50%	80%/50%
Crowns	80%/70%	80%/70%	80%/50% (stainless steel)	80%/50% (stainless steel)	80%/50% (stainless steel)
Prosthodontics	50%/50%	50%/50%	Not covered	50%/50%	50%/50%
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontics (Adults)	Not covered	Not covered	Not covered	Not covered	Not covered

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Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier)

Dental rates are based on the ZIP code of your business location.

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
1 **AGUILAR, GABRIELA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
2 **ALCAZAR, JOSE**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
3 **ALEJANDRE, CAROLINA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
4 **ANAYA, MAYRA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
5 **ANDRADE, GISELLE**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
6 **ARRIAGA, MICHELLE**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
7 **AVILA, TALINA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
8 **BALASSOUBRAMANIANE, YAMINI**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
9 **BANUELOS, LILIANA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
10 **BARAHONA, NANCY**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
11 **BARRAGAN ENCARNACION, PAOLA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
12 **BARRON, CATHERINE**	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
13 **BERNAL, ROBERTO**	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
14 **CABALLERO- SANCHEZ, MAKAYLA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
15 **CARRERA-VILLARREAL, BRINCY**	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
16 **CARROLL, ADRIENNE**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
17 **CAZARES, SUSANA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
18 **CERVANTES, NINA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
19 **CHAVEZ GAMA, MIRIAM**	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63

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Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier) (continued)

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
20 CIPRIANO, CECILIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
21 CISNEROS, DIANA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
22 CORONA, JENIFER	Employee	Employee	$38.26	$59.49	$77.25	$78.87
23 CORTES, PRISCILLA	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
24 COUGHLIN, HALEY	Employee	Employee	$38.26	$59.49	$77.25	$78.87
25 DAILY, MATTHEW	Employee	Employee	$38.26	$59.49	$77.25	$78.87
26 DEBERRY, CHRISTINA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
27 DENSION, SOMMER	Employee	Employee	$38.26	$59.49	$77.25	$78.87
28 DO, QUE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
29 FERNANDEZ, AIDEE	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
30 FERNANDEZ, BIANCA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
31 FLORES, DEANNA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
32 FRIAS, JOCELYN	Employee	Employee	$38.26	$59.49	$77.25	$78.87
33 GABRIEL, BRIGIDA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
34 GARCIA, ELIZABETH	Employee	Employee	$38.26	$59.49	$77.25	$78.87
35 GARIBAY, JOSE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
36 GODINEZ URIBE, JESSICA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
37 GOMEZ, DANIELA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
38 GOMEZ, JORGE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
39 GUTIERREZ, ISEL	Employee	Employee + Family	$127.02	$197.50	$256.47	$261.85
40 GUTIERREZ, LAURA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
41 GUTIERREZ, LUZ	Employee	Employee	$38.26	$59.49	$77.25	$78.87
42 HOLLAND, MIRIAM	Employee	Employee	$38.26	$59.49	$77.25	$78.87
43 HUERTA DE LA CRUZ, CHRISTOPHER	Employee	Employee	$38.26	$59.49	$77.25	$78.87

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Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier) (continued)

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
44 IBANEZ, GENESIS	Employee	Employee	$38.26	$59.49	$77.25	$78.87
45 JACINTO, OLIVIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
46 JERONIMO, ARENY	Employee	Employee	$38.26	$59.49	$77.25	$78.87
47 JOHNSON, VANESSA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
48 KESSEL, JAQUELINE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
49 LARA, DIANA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
50 LEDESMA, RIGOBERTO	Employee	Employee	$38.26	$59.49	$77.25	$78.87
51 LEMUS, MARIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
52 LEYBA, CINTHIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
53 LOPEZ, VICKY	Employee	Employee	$38.26	$59.49	$77.25	$78.87
54 LOPEZ SERRANO, LUISA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
55 LOYA, PATRICIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
56 LUQUIN, IVAN	Employee	Employee	$38.26	$59.49	$77.25	$78.87
57 MALLAMACE, MEGAN	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
58 MARTINEZ ALMANZA, ALMA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
59 MASON, JONATHAN	Employee	Employee	$38.26	$59.49	$77.25	$78.87
60 MCGUIGAN, MADELYN	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
61 MIJANGOS, ARIANA	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
62 MONTERROSA, VANESSA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
63 MOORE, MARIE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
64 MORALES, ARIANA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
65 MORALES, BIRIDIANA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
66 MORENO, ANTHONY	Employee	Employee	$38.26	$59.49	$77.25	$78.87
67 MORONES, ROSAURA	Employee	Employee	$38.26	$59.49	$77.25	$78.87

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Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier) (continued)

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
68 NGUYEN-CRUZ, MARIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
69 NUNEZ, ROMELIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
70 OLVERS, ANDRES	Employee	Employee	$38.26	$59.49	$77.25	$78.87
71 ORTIZ, JOSELYN	Employee	Employee	$38.26	$59.49	$77.25	$78.87
72 OSUNA, ALEJANDRA	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
73 PEARSON, ELENA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
74 PERALES, ABBYGAEL	Employee	Employee	$38.26	$59.49	$77.25	$78.87
75 PEREZ, LUPE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
76 PEREZ-GARCIA, KARLA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
77 QUINTANILLA, GABRIELA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
78 RAMIREZ, ANA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
79 RAMIREZ LOPEZ, CLAUDIA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
80 RAMIREZ SOTO, LIZBETH	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
81 RIAHI, ELAHEH	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
82 RIVAS, ALYCE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
83 ROCHA-ORTIZ, BERTHA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
84 ROSAS, SANDRA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
85 SALCEDO, EDUARDO	Employee	Employee	$38.26	$59.49	$77.25	$78.87
86 SAMANO RUIZ, MAYRA	Employee	Employee	$38.26	$59.49	$77.25	$78.87
87 SANCHEZ, JASMINE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
88 SANCHEZ, ROGELIO	Employee	Employee	$38.26	$59.49	$77.25	$78.87
89 SANTIAGO, EDUARDO	Employee	Employee	$38.26	$59.49	$77.25	$78.87
90 SANTIBANEZ, ANGELICA	Employee	Employee + Spouse	$78.43	$121.95	$158.36	$161.68
91 SCHOPP-ORTEGA, YVETTE	Employee	Employee	$38.26	$59.49	$77.25	$78.87
92 SILVA, SERAFIN	Employee	Employee	$38.26	$59.49	$77.25	$78.87

KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Renewal Options: Supplemental Family Dental Plans—KPIC Fee-for-Service (Premier) (continued)

Employee Name	Status	Tier	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
93 **SILVESTRE DELGADO, YENIFER**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
94 **SOLORZANO, MARIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
95 **SOTO, CYNTHIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
96 **SOTO-MORALES, RODRIGO**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
97 **TEJADA, ANA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
98 **TEJADA, MARIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
99 **TERAN, NUBIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
100 **TESO, FRANCES**	Employee	Employee + Family	$127.02	$197.50	$256.47	$261.85
101 **TORRES, ISABEL**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
102 **VALENZUELA, CINDY**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
103 **VALLE-GUERRERO, ALICIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
104 **VASQUEZ, KAREN**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
105 **VILLALOBOS, LLESENIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
106 **VILLASENOR, JUAN**	Employee	Employee + Child(ren)	$80.35	$124.92	$162.22	$165.63
107 **ZAMORA, ELIZABETH**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
108 **ZHU, SILVIA**	Employee	Employee	$38.26	$59.49	$77.25	$78.87
		Total Monthly Premium	**$4,887.34**	**$7,599.14**	**$9,867.86**	**$10,074.86**

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VOICES COLLEGE-BOUND LANGUAGE ACADEMIES
Group ID: 659709
Renewal Effective Date: September 01, 2022
Medical Rate Area: 7
Dental Rate Area: A

Supplemental Family Dental Plan Benefits—KPIC Fee-for-Service (Premier)

For more information about plan benefits and restrictions, refer to the plan highlight information at account.kp.org or your *Disclosure Form/Evidence of Coverage.* Benefits payable will be based on the lesser of the usual, customary, and reasonable fees or the fees actually charged.

Benefits/Services	KPIC Fee-for-Service Plan C	KPIC Fee-for-Service Plan D	KPIC Fee-for-Service Plan E	KPIC Fee-for-Service Plan E with Ortho
Year deductible per member	None	$25	$25	$25
Benefit maximum per member per year	$500	$1,000	$1,000	$1,000
	Plan Pays			
Procedures not subject to deductible				
Exams	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%
Other X-rays	80%	80%	80%	80%
Procedures subject to deductible				
Fillings	80%	80%	80%	80%
Crowns	80%	80%	80%	80%
Prosthodontics	Not covered	Not covered	50%	50%
Orthodontics (Children to age 19)	Not covered	Not covered	Not covered	50%
Orthodontics (Adults)	Not covered	Not covered	Not covered	Not covered

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES

KAISER PERMANENTE®

Group ID: 659709

Renewal Effective Date: September 01, 2022

2022 Renewal Changes

If you're not making any changes, you don't need to submit this form.

To avoid processing delays, be sure to sign and submit **all sections (1–10)** of this form by the 1st of your renewal effective month to amt@kp.org, or fax it to **800-369-8010.**

Plan changes received by 5 p.m. Pacific time (PT) on the 15th of the month will be applied retroactively to the 1st of your renewal month. Plan changes received after 5 p.m. PT on the 15th of the month will be effective on the 1st of the following month.

1. CANCEL PLANS

If you don't want to offer any of these plan(s) at your renewal, check the box next to the plan name.

Cancel medical plan(s)

- ☐ Platinum 90 HMO 0/20 + Child Dental
- ☐ Gold 80 HMO 250/35 + Child Dental
- ☐ Silver 70 HMO 2250/55 + Child Dental

CONFIRM CHANGES BY SIGNING HERE

Sign each page and return. Please correct or supply signer, phone, and email as appropriate.
I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.

LIZZETTE RAMIREZ

Authorized Company Signer	**Company Title (please print)**
X **Signature**	**Date**
	LRAMIREZ@VOICESCHARTERSCHOOL.COM
Phone number	**Email address**

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KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES

Group ID: 659709

Renewal Effective Date: September 01, 2022

2. ADD NEW MEDICAL PLANS

To add plans, check the box next to the plan name.

- Groups with 1 to 5 enrolled subscribers are eligible to offer up to 4 plans, plus 1 PPO plan[1] for a maximum of 5 plans.
- Groups with 6 or more enrolled subscribers are eligible to offer 1 or more plans, plus 1 PPO.
- Summary of Benefits and Coverage (SBC) documents for all our plans are available at account.kp.org[2].

HMO Plans	PPO Insurance Plans[2]
☐ Platinum 90 HMO 0/10 + Child Dental Alt ☐ Platinum 90 HMO 0/20 + Child Dental	☐ Platinum 90 PPO 0/15 + Child Dental
☐ Gold 80 HMO 0/30 + Child Dental Alt ☐ Gold 80 HMO 250/35 + Child Dental ☐ Gold 80 HMO 1000/40 + Child Dental Alt ☐ Gold 80 HDHP HMO 1600/15% + Child Dental Alt ☐ Gold 80 HRA HMO 2250/35 + Child Dental	☐ Gold 80 PPO 350/25 + Child Dental
☐ Silver 70 HMO 1650/55 + Child Dental Alt ☐ Silver 70 HMO 2100/55 + Child Dental Alt ☐ Silver 70 HMO 2250/55 + Child Dental ☐ Silver 70 HMO 2600/55 + Child Dental Alt ☐ Silver 70 HDHP HMO 2500/20% + Child Dental	☐ Silver 70 PPO 2250/55 + Child Dental
☐ Bronze 60 HMO 5400/60 + Child Dental Alt ☐ Bronze 60 HMO 6300/65 + Child Dental ☐ Bronze 60 HDHP HMO 7000/0 + Child Dental	☐ Bronze 60 PPO 6300/65 + Child Dental

If you've selected an HDHP or HRA medical plan and you would like to pair it with an HSA or HRA administered through Kaiser Permanente, you **must** contact our Small Business Account Management Support Team at **800-790-4661**, **option 3**, as additional documents are required and administration fees will apply.

If you selected the Gold 80 HRA HMO 2250/35 above, you must establish and fund an HRA for each enrolled employee. The allowable funding range is $100 to $400 per employee. If your group covers dependents, the allowable funding range per family is $200 to $800.

3. ADD INFERTILITY BENEFIT

The optional infertility benefit is available only to groups with 20 or more eligible employees where Kaiser Permanente is the sole carrier. If you select this benefit, it will be added to all the HMO plans you offer, and the cost will be included in the medical plan rate.

Add: ☐ Infertility benefit

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4. ADD SUPPLEMENTAL FAMILY DENTAL PLAN (Optional)[3]

Select only 1 plan

KPIC Fee-for-service (Premier)	☐ Plan C	☐ Plan D	☐ Plan E	☐ Plan E w/ Ortho[4]
KPIC PPO	☐ PPO AG 1500	☐ PPO AH 2000	☐ PPO D 1500	
	☐ PPO E 1000	☐ PPO E 1500		
DeltaCare HMO	☐ 10A HMO	☐ 13B HMO		

5. ADD CHIROPRACTIC/ACUPUNCTURE BENEFIT

The chiropractic/acupuncture benefit can only be added at renewal and is only available to employees enrolled in a grandfathered (nonmetal) HMO medical plan. If you add the chiropractic/acupuncture benefit, all eligible subscribers and dependents must participate. The benefit cannot be offered with any metal plan, or with any grandfathered (nonmetal) HSA-qualified deductible HMO plan.

Add: ☐ Chiropractic/acupuncture benefit for grandfathered (nonmetal) copay, deductible HMO, and deductible HMO with HRA plans

6. CHANGE EMPLOYER PREMIUM CONTRIBUTION

Company contribution for employee coverage

Your contribution to coverage can be a percentage or a fixed dollar amount. **Your minimum contribution must be at least 50% of the "employee only" monthly premium for the lowest-priced Kaiser Permanente medical plan offered by you, the employer.**

Percentage of the premium is based on the following (select 1 only):

☐ Lowest plan offered ☐ All plans offered

Employer contribution (50%–100%): _____ % per employee _____ % per dependent (optional)

Employer contribution (fixed $): _____ $ per employee _____ $ per dependent (optional)

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VOICES COLLEGE-BOUND LANGUAGE ACADEMIES

Group ID: 659709

Renewal Effective Date: September 01, 2022

7. CHANGE ERISA STATUS[5]

Our records indicate that your group is subject to ERISA.

If your ERISA status has changed, please indicate the new status below:

☐ Subject to ERISA ☐ Not subject to ERISA

If you return this form without checking a box, we will assume you are not changing your ERISA status, and we will retain your group health plan's status as it is currently listed in our records.

8. UNDERWRITING STATEMENT

The copay HMO plans, HSA-qualified high deductible health plans, deductible HMO plans, and the deductible HMO plans with HRA, are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the Preferred Provider Organization (PPO) plans as well as the Premier and PPO dental plans. The chiropractic/acupuncture benefit is administered by American Specialty Health Plans of California, Inc.

9. FOOTNOTES

1. For your group to be eligible for the PPO plan, you must have Kaiser Permanente as your sole carrier. Groups may only have 1 PPO plan. If you add a PPO plan, you must complete and submit an Employer Application with this "renewal changes" form.
2. You can access Summary of Benefits and Coverage (SBC) documents to help you make an informed choice about your health plan(s). These documents summarize information about your health coverage options so you can easily compare Kaiser Permanente benefits and coverage with those of other carriers. Please provide your eligible employees with SBCs for your renewal plan(s) or for any plan(s) you change to in the future.
3. Dental plans are only available when purchased with a medical plan at group enrollment or group renewal. If you choose a dental plan, all eligible subscribers and dependents must participate. A medical PPO plan member living outside California is not eligible for the DeltaCare HMO plan.
4. At least 10 subscribers are needed to enroll the group in Dental Plan E with Orthodontics.
5. ERISA is a federal law that sets minimum standards for employee benefit plans established by private employers and employee organizations. Many group health plans are subject to ERISA, although government and church plans generally aren't. If you're unsure of your group health plan's ERISA status, we recommend that you consult with your financial or legal advisor before responding.

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10. UPDATE RENEWAL HEALTH PLAN SELECTION FOR EACH EMPLOYEE (Census)

Please complete the "New Plan Selection"column for each employee listed below. Fill in the new plan name or "N/C" (no change) for each employee, then sign and **submit all sections (1–10)** to **800-369-8010**, or email to amt@kp.org. To add a new employee or to terminate coverage for an employee, please see step 3 in "Your 2022 renewal checklist." Please add all COBRA members; they have not been printed on this page.

This census was taken approximately 120 days before your group renewal date.

RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
1.	AGUILAR, GABRIELA	32	Employee	Silver 70 HMO 2250/55 + Child Dental	
2.	ALCAZAR, JOSE	23	Employee	Platinum 90 HMO 0/20 + Child Dental	
3.	ALEJANDRE, CAROLINA	32	Employee	Platinum 90 HMO 0/20 + Child Dental	
4.	ANAYA, MAYRA	29	Employee	Gold 80 HMO 250/35 + Child Dental	
5.	ANDRADE, GISELLE	25	Employee	Platinum 90 HMO 0/20 + Child Dental	
6.	ARRIAGA, MICHELLE	34	Employee	Gold 80 HMO 250/35 + Child Dental	
7.	AVILA, TALINA	31	Employee	Gold 80 HMO 250/35 + Child Dental	
8.	BALASSOUBRAMANIAN E, YAMINI	44	Employee	Silver 70 HMO 2250/55 + Child Dental	
9.	BANUELOS, LILIANA	26	Employee	Gold 80 HMO 250/35 + Child Dental	
10.	BARAHONA, NANCY	28	Employee	Gold 80 HMO 250/35 + Child Dental	
11.	BARRAGAN ENCARNACION, PAOLA	24	Employee	Gold 80 HMO 250/35 + Child Dental	
12.	BARRON, CATHERINE	44	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	
13.	BERNAL, ROBERTO	34	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	

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Authorized Company Signer

Company Title (please print)

X_____

Signature

Date

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VOICES COLLEGE-BOUND LANGUAGE ACADEMIES

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RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
14.	CABALLERO- SANCHEZ, MAKAYLA	25	Employee	Silver 70 HMO 2250/55 + Child Dental	
15.	CARRERA-VILLARREAL, BRINCY	28	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	
16.	CARROLL, ADRIENNE	31	Employee	Gold 80 HMO 250/35 + Child Dental	
17.	CAZARES, SUSANA	33	Employee	Gold 80 HMO 250/35 + Child Dental	
18.	CERVANTES, NINA	25	Employee	Platinum 90 HMO 0/20 + Child Dental	
19.	CHAVEZ GAMA, MIRIAM	27	Employee + Child(ren)	Platinum 90 HMO 0/20 + Child Dental	
20.	CIPRIANO, CECILIA	30	Employee	Silver 70 HMO 2250/55 + Child Dental	
21.	CISNEROS, DIANA	31	Employee	Gold 80 HMO 250/35 + Child Dental	
22.	CORONA, JENIFER	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
23.	CORTES, PRISCILLA	30	Employee + Child(ren)	Silver 70 HMO 2250/55 + Child Dental	
24.	COUGHLIN, HALEY	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
25.	DAILY, MATTHEW	36	Employee	Platinum 90 HMO 0/20 + Child Dental	
26.	DEBERRY, CHRISTINA	36	Employee	Silver 70 HMO 2250/55 + Child Dental	
27.	DENSION, SOMMER	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
28.	DO, QUE	27	Employee	Silver 70 HMO 2250/55 + Child Dental	
29.	FERNANDEZ, AIDEE	43	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	
30.	FERNANDEZ, BIANCA	25	Employee	Gold 80 HMO 250/35 + Child Dental	

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RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
31.	FLORES, DEANNA	59	Employee	Gold 80 HMO 250/35 + Child Dental	
32.	FRIAS, JOCELYN	25	Employee	Platinum 90 HMO 0/20 + Child Dental	
33.	GABRIEL, BRIGIDA	28	Employee	Platinum 90 HMO 0/20 + Child Dental	
34.	GARCIA, ELIZABETH	53	Employee	Platinum 90 HMO 0/20 + Child Dental	
35.	GARIBAY, JOSE	27	Employee	Gold 80 HMO 250/35 + Child Dental	
36.	GODINEZ URIBE, JESSICA	23	Employee	Gold 80 HMO 250/35 + Child Dental	
37.	GOMEZ, DANIELA	30	Employee	Platinum 90 HMO 0/20 + Child Dental	
38.	GOMEZ, JORGE	32	Employee	Platinum 90 HMO 0/20 + Child Dental	
39.	GUTIERREZ, ISEL	23	Employee + Family	Platinum 90 HMO 0/20 + Child Dental	
40.	GUTIERREZ, LAURA	31	Employee	Platinum 90 HMO 0/20 + Child Dental	
41.	GUTIERREZ, LUZ	44	Employee	Gold 80 HMO 250/35 + Child Dental	
42.	HOLLAND, MIRIAM	38	Employee	Gold 80 HMO 250/35 + Child Dental	
43.	HUERTA DE LA CRUZ, CHRISTOPHER	27	Employee	Platinum 90 HMO 0/20 + Child Dental	
44.	IBANEZ, GENESIS	29	Employee	Platinum 90 HMO 0/20 + Child Dental	
45.	JACINTO, OLIVIA	58	Employee	Silver 70 HMO 2250/55 + Child Dental	
46.	JERONIMO, ARENY	29	Employee	Silver 70 HMO 2250/55 + Child Dental	
47.	JOHNSON, VANESSA	27	Employee	Gold 80 HMO 250/35 + Child Dental	
48.	KESSEL, JAQUELINE	25	Employee	Silver 70 HMO 2250/55 + Child Dental	

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RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
49.	LARA, DIANA	24	Employee	Platinum 90 HMO 0/20 + Child Dental	
50.	LEDESMA, RIGOBERTO	28	Employee	Silver 70 HMO 2250/55 + Child Dental	
51.	LEMUS, MARIA	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
52.	LEYBA, CINTHIA	31	Employee	Gold 80 HMO 250/35 + Child Dental	
53.	LOPEZ, VICKY	23	Employee	Gold 80 HMO 250/35 + Child Dental	
54.	LOPEZ SERRANO, LUISA	25	Employee	Platinum 90 HMO 0/20 + Child Dental	
55.	LOYA, PATRICIA	53	Employee	Silver 70 HMO 2250/55 + Child Dental	
56.	LUQUIN, IVAN	30	Employee	Gold 80 HMO 250/35 + Child Dental	
57.	MALLAMACE, MEGAN	42	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	
58.	MARTINEZ ALMANZA, ALMA	27	Employee	Gold 80 HMO 250/35 + Child Dental	
59.	MASON, JONATHAN	24	Employee	Platinum 90 HMO 0/20 + Child Dental	
60.	MCGUIGAN, MADELYN	27	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	
61.	MIJANGOS, ARIANA	24	Employee + Child(ren)	Gold 80 HMO 250/35 + Child Dental	
62.	MONTERROSA, VANESSA	27	Employee	Platinum 90 HMO 0/20 + Child Dental	
63.	MOORE, MARIE	44	Employee	Silver 70 HMO 2250/55 + Child Dental	
64.	MORALES, ARIANA	23	Employee	Platinum 90 HMO 0/20 + Child Dental	
65.	MORALES, BIRIDIANA	25	Employee	Platinum 90 HMO 0/20 + Child Dental	

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RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
66.	MORENO, ANTHONY	31	Employee	Gold 80 HMO 250/35 + Child Dental	
67.	MORONES, ROSAURA	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
68.	NGUYEN-CRUZ, MARIA	25	Employee	Platinum 90 HMO 0/20 + Child Dental	
69.	NUNEZ, ROMELIA	44	Employee	Platinum 90 HMO 0/20 + Child Dental	
70.	OLVERS, ANDRES	65	Employee	Gold 80 HMO 250/35 + Child Dental	
71.	ORTIZ, JOSELYN	29	Employee	Gold 80 HMO 250/35 + Child Dental	
72.	OSUNA, ALEJANDRA	27	Employee + Spouse	Gold 80 HMO 250/35 + Child Dental	
73.	PEARSON, ELENA	42	Employee	Platinum 90 HMO 0/20 + Child Dental	
74.	PERALES, ABBYGAEL	26	Employee	Gold 80 HMO 250/35 + Child Dental	
75.	PEREZ, LUPE	47	Employee	Platinum 90 HMO 0/20 + Child Dental	
76.	PEREZ-GARCIA, KARLA	29	Employee	Platinum 90 HMO 0/20 + Child Dental	
77.	QUINTANILLA, GABRIELA	29	Employee	Gold 80 HMO 250/35 + Child Dental	
78.	RAMIREZ, ANA	42	Employee	Platinum 90 HMO 0/20 + Child Dental	
79.	RAMIREZ LOPEZ, CLAUDIA	24	Employee	Platinum 90 HMO 0/20 + Child Dental	
80.	RAMIREZ SOTO, LIZBETH	25	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	
81.	RIAHI, ELAHEH	39	Employee + Child(ren)	Silver 70 HMO 2250/55 + Child Dental	
82.	RIVAS, ALYCE	30	Employee	Platinum 90 HMO 0/20 + Child Dental	
83.	ROCHA-ORTIZ, BERTHA	28	Employee	Platinum 90 HMO 0/20 + Child Dental	

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Group ID: 659709

Renewal Effective Date: September 01, 2022

RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
84.	ROSAS, SANDRA	28	Employee	Gold 80 HMO 250/35 + Child Dental	
85.	SALCEDO, EDUARDO	27	Employee	Gold 80 HMO 250/35 + Child Dental	
86.	SAMANO RUIZ, MAYRA	39	Employee	Gold 80 HMO 250/35 + Child Dental	
87.	SANCHEZ, JASMINE	27	Employee	Gold 80 HMO 250/35 + Child Dental	
88.	SANCHEZ, ROGELIO	62	Employee	Platinum 90 HMO 0/20 + Child Dental	
89.	SANTIAGO, EDUARDO	28	Employee	Platinum 90 HMO 0/20 + Child Dental	
90.	SANTIBANEZ, ANGELICA	35	Employee + Spouse	Platinum 90 HMO 0/20 + Child Dental	
91.	SCHOPP-ORTEGA, YVETTE	37	Employee	Gold 80 HMO 250/35 + Child Dental	
92.	SILVA, SERAFIN	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
93.	SILVESTRE DELGADO, YENIFER	30	Employee	Gold 80 HMO 250/35 + Child Dental	
94.	SOLORZANO, MARIA	40	Employee	Silver 70 HMO 2250/55 + Child Dental	
95.	SOTO, CYNTHIA	26	Employee	Platinum 90 HMO 0/20 + Child Dental	
96.	SOTO-MORALES, RODRIGO	36	Employee	Gold 80 HMO 250/35 + Child Dental	
97.	TEJADA, ANA	33	Employee	Gold 80 HMO 250/35 + Child Dental	
98.	TEJADA, MARIA	24	Employee	Platinum 90 HMO 0/20 + Child Dental	
99.	TERAN, NUBIA	28	Employee	Platinum 90 HMO 0/20 + Child Dental	
100.	TESO, FRANCES	53	Employee + Family	Platinum 90 HMO 0/20 + Child Dental	
101.	TORRES, ISABEL	22	Employee	Platinum 90 HMO 0/20 + Child Dental	

CONFIRM CHANGES BY SIGNING HERE

Sign each page and return. Please correct or supply signer, phone, and email as appropriate.

I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.

LIZZETTE RAMIREZ

Authorized Company Signer

Company Title (please print)

X_____

Signature

Date

LRAMIREZ@VOICESCHARTERSCHOOL.COM

Phone number

Email address

Please sign and email all renewal change pages to amt@kp.org, or fax them to 800-369-8010.

KAISER PERMANENTE®

VOICES COLLEGE-BOUND LANGUAGE ACADEMIES

Group ID: 659709

Renewal Effective Date: September 01, 2022

RENEWAL PLAN SELECTION FOR EACH EMPLOYEE					
	Employee Name	Age	Tier	Renewal Plan	New Plan Selection
102.	VALENZUELA, CINDY	38	Employee	Platinum 90 HMO 0/20 + Child Dental	
103.	VALLE-GUERRERO, ALICIA	31	Employee	Gold 80 HMO 250/35 + Child Dental	
104.	VASQUEZ, KAREN	26	Employee	Gold 80 HMO 250/35 + Child Dental	
105.	VILLALOBOS, LLESENIA	28	Employee	Platinum 90 HMO 0/20 + Child Dental	
106.	VILLASENOR, JUAN	35	Employee + Child(ren)	Platinum 90 HMO 0/20 + Child Dental	
107.	ZAMORA, ELIZABETH	23	Employee	Platinum 90 HMO 0/20 + Child Dental	
108.	ZHU, SILVIA	30	Employee	Platinum 90 HMO 0/20 + Child Dental	

CONFIRM CHANGES BY SIGNING HERE

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I affirm that I have authority to contract with KFHP and KPIC on behalf of the group.

LIZZETTE RAMIREZ

Authorized Company Signer

Company Title (please print)

X_____

Signature

Date

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Phone number

Email address

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KAISER PERMANENTE®

Rate Area 7

For effective dates January 1-December 1, 2022
*Also available in Covered California and CaliforniaChoice®

Small Business medical plan rates

Age on 2022 effective date	Platinum 90 HMO 0/10* + Child Dental Alt	Platinum 90 HMO 0/20* + Child Dental
0-14[1]	$368.24	$361.82
15[1]	$399.73	$392.73
16[1]	$411.77	$404.56
17[1]	$423.81	$416.38
18[1]	$436.78	$429.11
19	$435.75	$427.85
20	$449.18	$441.03
21	$463.07	$454.67
22	$463.07	$454.67
23	$463.07	$454.67
24	$463.07	$454.67
25	$464.92	$456.49
26	$474.19	$465.59
27	$485.30	$476.50
28	$503.36	$494.23
29	$518.18	$508.78
30	$525.59	$516.06
31	$536.70	$526.97
32	$547.81	$537.88
33	$554.76	$544.70
34	$562.17	$551.97
35	$565.87	$555.61
36	$569.58	$559.25
37	$573.28	$562.89
38	$576.99	$566.52
39	$584.40	$573.80
40	$591.81	$581.07
41	$602.92	$591.99
42	$613.57	$602.44
43	$628.39	$616.99
44	$646.91	$635.18
45	$668.68	$656.55
46	$694.61	$682.01
47	$723.78	$710.66
48	$757.12	$743.39
49	$790.00	$775.67
50	$827.05	$812.05
51	$863.63	$847.97
52	$903.92	$887.52
53	$944.67	$927.54
54	$988.66	$970.73
55	$1,032.65	$1,013.92
56	$1,080.35	$1,060.75
57	$1,128.51	$1,108.04
58	$1,179.91	$1,158.51
59	$1,205.38	$1,183.52
60	$1,256.78	$1,233.99
61	$1,301.23	$1,277.63
62	$1,330.41	$1,306.28
63	$1,366.99	$1,342.20
64+	$1,389.21	$1,364.01

[1]HMO 0-14, 15, 16, 17 and 18 age rates include the cost of $13.99 for Child Dental coverage.

KAISER PERMANENTE®

Rate Area 7

For effective dates January 1-December 1, 2022
*Also available in Covered California and CaliforniaChoice®

Small Business medical plan rates

Age on 2022 effective date	Gold 80 HMO 0/30* + Child Dental Alt	Gold 80 HMO 250/35* + Child Dental	Gold 80 HMO 1000/40* + Child Dental Alt	Gold 80 HDHP HMO 1600/15%* + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental
0-14[1]	$345.33	$327.19	$308.89	$286.48	$290.28
15[1]	$374.78	$355.03	$335.10	$310.70	$314.84
16[1]	$386.04	$365.68	$345.12	$319.96	$324.23
17[1]	$397.30	$376.32	$355.14	$329.22	$333.62
18[1]	$409.43	$387.79	$365.94	$339.19	$343.73
19	$407.56	$385.26	$362.74	$335.18	$339.86
20	$420.13	$397.14	$373.92	$345.51	$350.33
21	$433.12	$409.42	$385.49	$356.19	$361.17
22	$433.12	$409.42	$385.49	$356.19	$361.17
23	$433.12	$409.42	$385.49	$356.19	$361.17
24	$433.12	$409.42	$385.49	$356.19	$361.17
25	$434.85	$411.06	$387.03	$357.62	$362.61
26	$443.51	$419.24	$394.74	$364.74	$369.83
27	$453.91	$429.07	$403.99	$373.29	$378.50
28	$470.80	$445.04	$419.02	$387.18	$392.59
29	$484.66	$458.14	$431.36	$398.58	$404.14
30	$491.59	$464.69	$437.53	$404.28	$409.92
31	$501.98	$474.52	$446.78	$412.83	$418.59
32	$512.38	$484.34	$456.03	$421.37	$427.26
33	$518.88	$490.48	$461.81	$426.72	$432.68
34	$525.81	$497.03	$467.98	$432.42	$438.46
35	$529.27	$500.31	$471.06	$435.27	$441.34
36	$532.74	$503.58	$474.15	$438.12	$444.23
37	$536.20	$506.86	$477.23	$440.97	$447.12
38	$539.67	$510.13	$480.32	$443.81	$450.01
39	$546.60	$516.69	$486.48	$449.51	$455.79
40	$553.53	$523.24	$492.65	$455.21	$461.57
41	$563.92	$533.06	$501.90	$463.76	$470.24
42	$573.88	$542.48	$510.77	$471.95	$478.54
43	$587.74	$555.58	$523.10	$483.35	$490.10
44	$605.07	$571.96	$538.52	$497.60	$504.55
45	$625.42	$591.20	$556.64	$514.34	$521.52
46	$649.68	$614.13	$578.23	$534.29	$541.75
47	$676.96	$639.92	$602.51	$556.73	$564.50
48	$708.15	$669.40	$630.27	$582.37	$590.51
49	$738.90	$698.47	$657.64	$607.66	$616.15
50	$773.55	$731.22	$688.48	$636.16	$645.04
51	$807.77	$763.56	$718.93	$664.30	$673.57
52	$845.45	$799.18	$752.47	$695.29	$705.00
53	$883.56	$835.21	$786.39	$726.63	$736.78
54	$924.71	$874.11	$823.01	$760.47	$771.09
55	$965.86	$913.00	$859.63	$794.31	$805.40
56	$1,010.47	$955.17	$899.34	$831.00	$842.60
57	$1,055.51	$997.75	$939.43	$868.04	$880.16
58	$1,103.59	$1,043.20	$982.22	$907.58	$920.25
59	$1,127.41	$1,065.71	$1,003.42	$927.17	$940.11
60	$1,175.48	$1,111.16	$1,046.21	$966.70	$980.20
61	$1,217.06	$1,150.46	$1,083.21	$1,000.90	$1,014.88
62	$1,244.35	$1,176.26	$1,107.50	$1,023.34	$1,037.63
63	$1,278.57	$1,208.60	$1,137.95	$1,051.48	$1,066.16
64+	$1,299.36	$1,228.26	$1,156.47	$1,068.57	$1,083.51

[1]HMO 0-14, 15, 16, 17 and 18 age rates include the cost of $13.99 for Child Dental coverage.

KAISER PERMANENTE®

Rate Area 7

For effective dates January 1-December 1, 2022
*Also available in Covered California and CaliforniaChoice®

Small Business medical plan rates

Age on 2022 effective date	Silver 70 HMO 1650/55* + Child Dental Alt	Silver 70 HMO 2100/55* + Child Dental Alt	Silver 70 HMO 2250/55* + Child Dental	Silver 70 HMO 2600/55* + Child Dental Alt	Silver 70 HDHP HMO 2500/20%* + Child Dental
0-14[1]	$278.79	$273.90	$276.71	$270.21	$258.99
15[1]	$302.32	$297.01	$300.07	$292.98	$280.77
16[1]	$311.32	$305.84	$309.00	$301.69	$289.09
17[1]	$320.32	$314.67	$317.92	$310.40	$297.42
18[1]	$330.02	$324.19	$327.54	$319.77	$306.39
19	$325.72	$319.71	$323.17	$315.16	$301.36
20	$335.76	$329.56	$333.13	$324.88	$310.65
21	$346.14	$339.76	$343.43	$334.92	$320.26
22	$346.14	$339.76	$343.43	$334.92	$320.26
23	$346.14	$339.76	$343.43	$334.92	$320.26
24	$346.14	$339.76	$343.43	$334.92	$320.26
25	$347.52	$341.12	$344.80	$336.26	$321.54
26	$354.45	$347.91	$351.67	$342.96	$327.95
27	$362.76	$356.06	$359.91	$351.00	$335.63
28	$376.25	$369.31	$373.31	$364.06	$348.12
29	$387.33	$380.19	$384.30	$374.78	$358.37
30	$392.87	$385.62	$389.79	$380.14	$363.49
31	$401.18	$393.78	$398.03	$388.18	$371.18
32	$409.48	$401.93	$406.28	$396.21	$378.87
33	$414.68	$407.03	$411.43	$401.24	$383.67
34	$420.21	$412.46	$416.92	$406.60	$388.79
35	$422.98	$415.18	$419.67	$409.28	$391.36
36	$425.75	$417.90	$422.42	$411.96	$393.92
37	$428.52	$420.62	$425.16	$414.63	$396.48
38	$431.29	$423.34	$427.91	$417.31	$399.04
39	$436.83	$428.77	$433.41	$422.67	$404.17
40	$442.37	$434.21	$438.90	$428.03	$409.29
41	$450.67	$442.36	$447.14	$436.07	$416.98
42	$458.64	$450.18	$455.04	$443.77	$424.34
43	$469.71	$461.05	$466.03	$454.49	$434.59
44	$483.56	$474.64	$479.77	$467.89	$447.40
45	$499.83	$490.61	$495.91	$483.63	$462.45
46	$519.21	$509.63	$515.14	$502.38	$480.39
47	$541.02	$531.04	$536.78	$523.48	$500.56
48	$565.94	$555.50	$561.51	$547.60	$523.62
49	$590.52	$579.62	$585.89	$571.38	$546.36
50	$618.21	$606.80	$613.36	$598.17	$571.98
51	$645.55	$633.65	$640.49	$624.63	$597.28
52	$675.67	$663.20	$670.37	$653.77	$625.15
53	$706.13	$693.10	$700.59	$683.24	$653.33
54	$739.01	$725.38	$733.22	$715.06	$683.75
55	$771.89	$757.66	$765.85	$746.88	$714.18
56	$807.55	$792.65	$801.22	$781.38	$747.16
57	$843.54	$827.99	$836.94	$816.21	$780.47
58	$881.97	$865.70	$875.06	$853.38	$816.02
59	$901.00	$884.39	$893.95	$871.80	$833.63
60	$939.42	$922.10	$932.07	$908.98	$869.18
61	$972.65	$954.71	$965.04	$941.13	$899.93
62	$994.46	$976.12	$986.67	$962.23	$920.10
63	$1,021.81	$1,002.96	$1,013.80	$988.69	$945.40
64+	$1,038.42	$1,019.28	$1,030.29	$1,004.76	$960.78

[1]HMO 0-14, 15, 16, 17 and 18 age rates include the cost of $13.99 for Child Dental coverage.

KAISER PERMANENTE®

Rate Area 7

For effective dates January 1-December 1, 2022
*Also available in Covered California and CaliforniaChoice®

Small Business medical plan rates

Age on 2022 effective date	Bronze 60 HMO 5400/60* + Child Dental Alt	Bronze 60 HMO 6300/65* + Child Dental	Bronze 60 HDHP HMO 7000/0* + Child Dental
0-14[1]	$235.25	$239.56	$226.20
15[1]	$254.92	$259.61	$245.07
16[1]	$262.44	$267.28	$252.28
17[1]	$269.96	$274.94	$259.49
18[1]	$278.05	$283.20	$267.26
19	$272.16	$277.47	$261.04
20	$280.55	$286.02	$269.08
21	$289.23	$294.86	$277.40
22	$289.23	$294.86	$277.40
23	$289.23	$294.86	$277.40
24	$289.23	$294.86	$277.40
25	$290.38	$296.04	$278.51
26	$296.17	$301.94	$284.06
27	$303.11	$309.02	$290.72
28	$314.39	$320.52	$301.54
29	$323.64	$329.95	$310.41
30	$328.27	$334.67	$314.85
31	$335.21	$341.75	$321.51
32	$342.15	$348.82	$328.17
33	$346.49	$353.24	$332.33
34	$351.12	$357.96	$336.77
35	$353.43	$360.32	$338.99
36	$355.75	$362.68	$341.21
37	$358.06	$365.04	$343.43
38	$360.38	$367.40	$345.64
39	$365.00	$372.12	$350.08
40	$369.63	$376.83	$354.52
41	$376.57	$383.91	$361.18
42	$383.22	$390.69	$367.56
43	$392.48	$400.13	$376.44
44	$404.05	$411.92	$387.53
45	$417.64	$425.78	$400.57
46	$433.84	$442.29	$416.11
47	$452.06	$460.87	$433.58
48	$472.89	$482.10	$453.55
49	$493.42	$503.03	$473.25
50	$516.56	$526.62	$495.44
51	$539.41	$549.92	$517.36
52	$564.57	$575.57	$541.49
53	$590.02	$601.52	$565.90
54	$617.50	$629.53	$592.26
55	$644.97	$657.54	$618.61
56	$674.77	$687.91	$647.18
57	$704.84	$718.58	$676.03
58	$736.95	$751.31	$706.82
59	$752.86	$767.53	$722.08
60	$784.96	$800.26	$752.87
61	$812.73	$828.56	$779.50
62	$830.95	$847.14	$796.98
63	$853.80	$870.43	$818.90
64+	$867.69	$884.58	$832.20

[1]HMO 0-14, 15, 16, 17 and 18 age rates include the cost of $13.99 for Child Dental coverage.

KAISER PERMANENTE®

Rate Area 7

For effective dates January 1-December 1, 2022

Small Business medical plan rates

Age on 2022 effective date	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2250/50 + Child Dental	Bronze 60 PPO 6300/65 + Child Dental
0-14	$689.12	$604.73	$509.64	$427.73
15	$750.37	$658.49	$554.94	$465.76
16	$773.79	$679.04	$572.26	$480.29
17	$797.21	$699.59	$589.58	$494.83
18	$822.44	$721.73	$608.24	$510.49
19	$847.66	$743.86	$626.89	$526.14
20	$873.78	$766.78	$646.21	$542.36
21	$900.81	$790.50	$666.20	$559.13
22	$900.81	$790.50	$666.20	$559.13
23	$900.81	$790.50	$666.20	$559.13
24	$900.81	$790.50	$666.20	$559.13
25	$904.41	$793.66	$668.86	$561.37
26	$922.43	$809.47	$682.19	$572.55
27	$944.04	$828.44	$698.17	$585.97
28	$979.18	$859.27	$724.16	$607.77
29	$1,008.00	$884.57	$745.47	$625.67
30	$1,022.42	$897.22	$756.13	$634.61
31	$1,044.03	$916.19	$772.12	$648.03
32	$1,065.65	$935.16	$788.11	$661.45
33	$1,079.17	$947.02	$798.10	$669.84
34	$1,093.58	$959.67	$808.76	$678.78
35	$1,100.79	$965.99	$814.09	$683.26
36	$1,107.99	$972.31	$819.42	$687.73
37	$1,115.20	$978.64	$824.75	$692.20
38	$1,122.40	$984.96	$830.08	$696.68
39	$1,136.82	$997.61	$840.74	$705.62
40	$1,151.23	$1,010.26	$851.40	$714.57
41	$1,172.85	$1,029.23	$867.39	$727.99
42	$1,193.57	$1,047.41	$882.71	$740.85
43	$1,222.39	$1,072.71	$904.03	$758.74
44	$1,258.43	$1,104.33	$930.68	$781.10
45	$1,300.76	$1,141.48	$961.99	$807.38
46	$1,351.21	$1,185.75	$999.29	$838.70
47	$1,407.96	$1,235.55	$1,041.27	$873.92
48	$1,472.82	$1,292.47	$1,089.23	$914.18
49	$1,536.78	$1,348.59	$1,136.53	$953.88
50	$1,608.84	$1,411.83	$1,189.83	$998.61
51	$1,680.00	$1,474.28	$1,242.46	$1,042.78
52	$1,758.37	$1,543.05	$1,300.42	$1,091.42
53	$1,837.64	$1,612.62	$1,359.04	$1,140.63
54	$1,923.22	$1,687.72	$1,422.33	$1,193.74
55	$2,008.80	$1,762.81	$1,485.62	$1,246.86
56	$2,101.58	$1,844.23	$1,554.24	$1,304.45
57	$2,195.26	$1,926.45	$1,623.52	$1,362.60
58	$2,295.25	$2,014.19	$1,697.47	$1,424.66
59	$2,344.80	$2,057.67	$1,734.11	$1,455.42
60	$2,444.79	$2,145.41	$1,808.06	$1,517.48
61	$2,531.27	$2,221.30	$1,872.01	$1,571.16
62	$2,588.02	$2,271.10	$1,913.98	$1,606.38
63	$2,659.18	$2,333.55	$1,966.61	$1,650.55
64+	$2,702.43	$2,371.50	$1,998.60	$1,677.39

KAISER PERMANENTE®

Small Business

Supplemental Family Dental Plans and Chiropractic/Acupuncture Coverage Rates

BAY AREA

KPIC Fee-for-Service (Premier)

Dental Plan C			
EE only	EE+S	EE+C	EE+S+C
$38.26	$78.43	$80.35	$127.02

Dental Plan D			
EE only	EE+S	EE+C	EE+S+C
$59.49	$121.95	$124.92	$197.50

Dental Plan E			
EE only	EE+S	EE+C	EE+S+C
$77.25	$158.36	$162.22	$256.47

Dental Plan E w/Ortho			
EE only	EE+S	EE+C	EE+S+C
$78.87	$161.68	$165.63	$261.85

KPIC PPO

PPO Dental Plan AG 1500			
EE only	EE+S	EE+C	EE+S+C
$63.56	$130.30	$133.48	$211.02

PPO Dental Plan AH 2000			
EE only	EE+S	EE+C	EE+S+C
$69.24	$141.94	$145.40	$229.87

PPO Dental Plan D 1500			
EE only	EE+S	EE+C	EE+S+C
$43.44	$89.05	$91.22	$144.21

PPO Dental Plan E 1000			
EE only	EE+S	EE+C	EE+S+C
$52.98	$108.61	$111.26	$175.90

PPO Dental Plan E 1500			
EE only	EE+S	EE+C	EE+S+C
$58.41	$119.74	$122.66	$193.92

DeltaCare HMO

DeltaCare 10A Dental Plan			
EE only	EE+S	EE+C	EE+S+C
$23.25	$44.41	$61.85	$85.33

DeltaCare 13B Dental Plan			
EE only	EE+S	EE+C	EE+S+C
$17.01	$32.49	$45.25	$62.43

Chiropractic/Acupuncture Coverage (grandfathered (nonmetal) plans only)

For Grandfathered copayment, deductible HMO, and deductible HMO with HRA plan			
EE only	EE+S	EE+C	EE+S+C
$2.99	$5.98	$4.49	$8.97

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])

For effective dates January 1–December 1, 2022 Small Business v1_A

2022 *Group Agreement* Summary of Changes and Clarifications Notice For Effective Dates from January 1, 2022, through December 1, 2022

This *Group Agreement Summary of Changes and Clarifications Notice ("Notice")* includes a summary of the changes and clarifications that will be effective when your *Group Agreement* ("*Agreement*") is renewed in 2022 ("*2022 Agreement")*, unless a different effective date is stated. Unless otherwise indicated, the changes and clarifications described here apply to each type of coverage that will be effective upon renewal of your *Agreement*. If you have not already received a *2022 Agreement*, please contact your broker or Kaiser Foundation Health Plan, Inc. ("Health Plan") account manager to obtain a copy. If your Group does not wish to renew your *Agreement*, your Group must give us advance written notice in accord with "Termination on Notice" in the "Termination of *Agreement*" section of your *Agreement*.

In certain circumstances, this summary may also include changes that we made to your *Agreement* during the 2021 plan year through an amendment. This summary does not include minor changes and clarifications that Health Plan is making to improve the readability of the *Agreement* or any changes we are making at your Group's request. In addition to the changes and clarifications listed below, Health Plan will also make any changes required by law or by any state or federal agency.

The "Calculating Monthly Premiums" section in your *2022 Agreement* includes the Premiums that will be applicable to your *Agreement* upon renewal.

Note: Some capitalized terms in this *Notice* have special meaning. Please see the "Definitions" section of the applicable *EOC* document in your *Agreement* for terms you should know. In this *Notice* "non-Medicare *EOCs*" means all *EOCs* other than "Kaiser Permanente Senior Advantage (HMO) when Medicare is secondary coverage" *EOCs*.

2022 Agreement

If you have not already received your *2022 Agreement* and your Group wants to make changes to benefits or Cost Share, please request them before your Anniversary Date. You will then receive your *2022 Agreement* shortly after you tell your Health Plan account manager about changes your Group wants to make. If you don't wish to make changes to benefits or Cost Share, you don't need to do anything to renew your *Agreement*. We will provide your Group with its *2022 Agreement* within 60 days after your Anniversary Date. If you would like to receive it sooner, please contact your Health Plan account manager.

We will provide the *2022 Agreement* to your Group online unless you have asked us to mail your Group a printed *2022 Agreement*. When we provide the *2022 Agreement* online, we will mail your Group a notice to let you know when the *2022 Agreement* is available to view and download.

Please keep in mind that unless your Group notifies us to make changes to benefits or Cost Share, your *2022 Agreement*, including the *EOC* documents, will reflect the same benefits and Cost Share information as your current *Agreement,* subject to the changes described in this *Notice*.

Global Changes to the *Group Agreement*, including *EOC* documents

Advanced Care at Home

In Medicare EOCs in our Northern California Region, we have added coverage under "Hospital Inpatient Care" for inpatient care covered at home (Advanced Care at Home) for Members who reside in Contra Costa and Solano Counties.

COBRA and Cal-COBRA Premiums

*In the Agreement, we have renamed the "COBRA and Cal-COBRA Billing Charge" section "COBRA and Cal-COBRA Premiums." We have also revised the disclosures under "COBRA and Cal-COBRA Premiums," **to clarify that the total Premiums will not exceed the total amounts permissible by law**:*

> ### COBRA and Cal-COBRA Premiums
>
> For each Subscriber for whom Health Plan bills directly for group continuation coverage under COBRA or Cal-COBRA, Premiums will not exceed the following amounts:
>
> - **COBRA:** 102 percent of the applicable Premiums charged to a similarly situated individual under the Group benefit plan
> - **Cal-COBRA:** 110 percent of the applicable Premiums charged to a similarly situated individual under the Group benefit plan, except that Premiums for disabled individuals after 18 months of COBRA coverage will not exceed 150 percent instead of 110 percent

Contribution and Participation Requirements

*Under "Contribution and Participation Requirements" in the Agreement, **Kaiser Permanente has lowered the participation percentage from 70 percent to 50 percent**:*

- at least 50 percent of eligible employees are covered by a group health care plan

Dental Services for Transplants

***Due to a change in policy**, we now cover dental services that are Medically Necessary to free the mouth from infection to prepare for a covered transplant. Under "Dental and Orthodontic Services" in non-Medicare EOCs and "Dental Services" in Medicare EOCs, we have added language to describe this coverage. We have also added a cross-reference to the "Dental and Orthodontic Services" section under "Transplant Services."*

Drug Manufacturer Coupons

***Due to a change in policy,** we will accept certain manufacturer coupons for prescription drugs, effective January 1, 2022. A description of the Kaiser Permanente coupon program is under "Manufacturer coupon program" in the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the EOC:*

> ***Manufacturer coupon program***
> For outpatient prescription drugs or items that are covered under this "Outpatient Prescription Drugs, Supplies, and Supplements" section and obtained at a Plan Pharmacy, you may be able to use approved manufacturer coupons as payment for the Cost Share that you owe, as allowed under Health Plan's coupon program. You will owe any additional amount if the coupon does not cover the entire amount of your Cost Share for your prescription. When you use an approved coupon for payment of your Cost Share, the coupon amount and any additional payment that you make will accumulate to your out-of-pocket maximum. Refer to the "Cost Share Summary" section of this *EOC* to find your applicable out-of-pocket maximum amount and to learn which drugs and items apply to the maximum. Certain health plan coverages are not eligible for coupons. You can get more information regarding the Kaiser Permanente coupon program rules and limitations at **kp.org/rxcoupons**.

Note: This change does not apply to Medicare Part D drugs.

House Calls

*We have removed the line item for house calls from the "Office Visits" Cost Share table in the "Cost Share Summary" section of non-Medicare EOCs and the "Outpatient Care" section of Medicare EOCs. Effective January 1, 2022, the Cost Share for house calls in nongrandfathered plans is the same as the Cost Share for Primary Care Visits, Non-Physician Specialist Visits, or Physician Specialist Visits, as applicable, **to align the Cost Share with the visit type**. Similar change applies to Medicare EOCs.*

Medicare Part D Outpatient Prescription Drug Coverage

*In Medicare EOCs with Part D coverage, the Senior Advantage Medicare Part D Catastrophic Coverage Stage threshold is increasing from **$6,550** to **$7,050** for calendar year 2022, in accordance with the Centers for Medicare & Medicaid Services requirements.*

*If your drug plan includes a Coverage Gap Stage, the Initial Coverage Stage threshold is increasing from **$4,130** to **$4,430** for calendar year 2022.*

Mental Health Services and Substance Use Disorder Treatment (SB 855)

*We have made the following changes to non-Medicare EOCs **in accordance with state law**:*

- *Under "Definitions," we have added a separate definition of "Medically Necessary" for mental health and substance use disorder Services. In the definition of "Services," we have also clarified that substance use disorder treatment is considered "health care"*
- *Under "Mental Health Services," we have revised EOC language to reflect expanded coverage of mental health conditions*
- *Under "Substance Use Disorder Treatment," we have revised EOC language to reflect expanded coverage of substance use disorders*
- *Under "Behavioral Health Treatment for Autism Spectrum Disorder," we have revised EOC language to clarify that we cover behavioral health treatment to treat mental health conditions other than autism spectrum disorder, when clinically indicated*
- *Under "Behavioral Health Treatment for Autism Spectrum Disorder," "Mental Health Services," and "Substance Use Disorder Treatment," we have clarified that when we are not able to offer an appointment within geographic and timely access standards, we will offer to refer the Member to a Non-Plan Provider*
- *Under "Exclusions," we have clarified that the exclusions and limitations do not apply to Services that are Medically Necessary to treat covered mental health conditions or substance use disorders. In conjunction with this change, we have removed exceptions for specific types of mental health services and substance use disorder treatment that are no longer necessary from the "Items and services that are not health care items and services," "Residential care," and "Services performed by unlicensed people" exclusions*
- *Throughout the EOC, we have removed references to "Serious Emotional Disturbance of a Child Under Age 18" and "Severe Mental Illness," as SB 855 expands the coverage requirement to include coverage for the diagnosis and treatment of mental health and substance use disorders that fall under any of the diagnostic categories included in the most recent edition of the International Classification of Diseases or the Diagnostic and Statistical Manual of Mental Disorders*
- *Throughout the EOC, we have changed the terminology "pervasive developmental disorder or autism" to "autism spectrum disorder"*

Safety Glasses

***Due to a change in policy,** we have removed the exclusion for "industrial frames or safety glasses, when required as a condition of employment" under "Vision Services for Adult Members exclusions" and "Vision Services for Pediatric Members exclusions" in non-Medicare EOCs.*

Silver&Fit® Healthy Aging and Exercise Program

In Medicare EOCs that include Silver&Fit, effective January 1, 2022, Members will have the option to receive all of the following:

- A basic gym membership
- One home fitness kit from a variety of kits

Previously, Members could choose one of the following options:

- A basic gym membership
- Two home fitness kits from a variety of kits

Ultraviolet Light Boxes

Under "Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services" in the EOC, we have added at-home ultraviolet light therapy equipment to the existing bullet that describes coverage for clinic-based ultraviolet light treatments. We are recategorizing coverage for at-home ultraviolet light therapy treatment from "Supplemental DME" to "Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services." Due to this recategorization, at-home ultraviolet light therapy equipment will now be covered under all plans. Cost Share for at-home treatment will align with clinic-based treatment. ***Expanding access to this type of therapy will provide Members with more options for care and an alternative to prescription medications****.*

Global Clarifications to the *Agreement*, including *EOC* documents

Certain Exams and Services

We have revised this exclusion in the EOC for clarity, and have added an additional example of Services that are not covered unless they are Medically Necessary:

> **Certain exams and Services**
> Routine physical exams and other Services that are not Medically Necessary, such as when required (1) for obtaining or maintaining employment or participation in employee programs, (2) for insurance, credentialing or licensing, (3) for travel, or (4) by court order or for parole or probation.

Definitions

We have relocated the defined terms "Adult Member" and "Pediatric Member" from the "Definitions" section of the *EOC* to the "Vision Services for Adult Members" and "Vision Services for Pediatric Members" sections under "Benefits" in the *EOC*. These defined terms are only used to describe coverage of vision Services.

Drug Tiers

We have added the applicable drug tier number (Tier 1, 2, or 4) to the "Cost Share Summary" section of *non-Medicare EOCs* when a line item refers to the generic, brand, or specialty tier. These drug tiers are described under "About drug tiers" in the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the *EOC*.

Enrollment Application Requirements

We made clarifications to the "Enrollment Application Requirements" section under "Miscellaneous Provisions" in the *Agreement* as follows:

- If Group wants to use its own form or system to enroll members, Group must obtain Health Plan's approval prior to using it to enroll members into Health Plan coverage
- Group must retain documentation of each Member's acceptance of the use of binding arbitration indefinitely

Family Planning Services

We have made the following changes to the "Family Planning Services" section of non-Medicare *EOCs*:

- Clarified that this section describes coverage of the Services listed when provided for family planning purposes
- Revised the bullet describing coverage for injectable contraceptives, internally implanted time-release contraceptives or intrauterine devices ("IUDs") for clarity and to explain that these Services are covered under the "Family Planning Services" section when the contraceptive was initially provided to prevent pregnancy
- Added two additional section references to the bulleted cross-reference list for clarity

Fertility Preservation Services for Iatrogenic Infertility

Standard fertility preservation Services are covered for Members undergoing treatment or receiving covered Services that may directly or indirectly cause iatrogenic infertility, in accord with state law. For clarity, we have added the following language to the "Benefits" section of non-Medicare *EOCs*:

> **Fertility Preservation Services for Iatrogenic Infertility**
>
> Standard fertility preservation Services are covered for Members undergoing treatment or receiving covered Services that may directly or indirectly cause iatrogenic infertility. Fertility preservation Services do not include diagnosis or treatment of infertility.
>
> For covered fertility preservation Services that you receive, you will pay the Cost Share you would pay if the Services were not related to fertility preservation. For example, see "Outpatient surgery and outpatient procedures" in the "Cost Share Summary" section of this *EOC* for the Cost Share that applies for outpatient procedures.

Preventive Services

We have made the following revisions to the "Preventive Services" section of non-Medicare *EOCs*:

- Revised the language describing immunization coverage for clarity. Previously the *EOC* referenced an immunization schedule for children but did not reference an immunization schedule for adults. Additionally, we have added a web address where complete immunization schedule information can be found
- Added language to the "Note" in this section to further explain the difference between preventive and non-preventive care services

Reductions

We have made the following changes to the "Reductions" section of the *EOC*:

- We have changed the terminology "third party" to "other party" or "another party" for clarity. This change also appears throughout the *EOC*
- Under "Injuries or illnesses alleged to be caused by other parties" we have clarified that a reimbursement due to us after a Member obtains a judgment or settlement is not limited by or subject to the Plan Out-of-Pocket Maximum
- Under "Surrogacy arrangements," we have clarified that this section applies to all types of surrogacy arrangements, including traditional surrogacy arrangements and gestational surrogacy arrangements

Termination on Notice

We revised the "Termination on Notice" section of the *Agreement* to specify that when the Anniversary Date is not the first of the month, termination is effective on the first day of the month following delivery of notice. The Anniversary Date is the first of the month unless Premiums are due weekly or biweekly.

Vision Services for Adult Members and Vision Services for Pediatric Members

In non-Medicare *EOCs* with supplemental optical coverage, under "Vision Services for Adult Members" and "Vision Services for Pediatric Members" in the "Cost Share Summary," we have revised the bullet describing coverage for "other specialty contact lenses" for clarity. We have also made a similar change in the corresponding sections under "Benefits" in the *EOC*.

2022 Plan-Specific Changes to Cost Share, Deductible, and Out-of-Pocket Maximum

These benefit changes were made to ensure that the plan complies with metal level (i.e. platinum, gold, silver, bronze) requirements. Unless otherwise specified, the Services listed are not subject to any deductible. This summary does not include all the benefit changes to your plan for next year. To see specific information on the benefits for your plan, please visit **kp.org/plandocuments**.

There are no 2022 plan-specific changes.

KAISER PERMANENTE INSURANCE COMPANY
One Kaiser Plaza
Oakland, CA 94612

Employers: Please provide a copy of this notice to all affected certificate holders

Summary of Benefit Changes for 2022

Small Group PPO Plans

Each year at contract renewal, we inform you about changes to the Kaiser Permanente Insurance Company (KPIC) health insurance benefits. The following is a summary of the benefit changes affecting your group's coverage under the Group Policy. Unless otherwise indicated, the changes summarized below will be effective upon your group's renewal date. Upon renewal, a new *Certificate of Insurance* (*COI)* will be issued to you. The new *COI* becomes part of your KPIC Group Policy and replaces and supersedes any previous certificate or rider that may have been issued to you and your covered employees.

This notice provides a listing of plan changes known at this time that will become effective upon your group's renewal date, unless a different date is indicated. Benefits may be subject to further changes for subsequently enacted state or federal legislation or regulations.

I. Coverage of Preventive Services in accordance with Affordable Care Act (ACA) requirements - The preventive care services that are covered at no charge and not subject to any Deductible when received at the Participating Provider tier have been expanded to include coverage for the following:

- ***a.*** *Pre-eclampsia screening with blood pressure measurements throughout pregnancy.*
- ***b.*** *Screening by asking questions about unhealthy drug use in adults age 18 years or older.*
- ***c.*** *Behavioral counseling interventions to promote healthy diet and physical activity for persons with cardiovascular disease.*

Applies to: Platinum, Gold, Silver and Bronze plans

Please refer to your *COI* for a detailed list of the preventive benefits that are covered based on the ACA guidelines.

II. Single Level of Claims Appeal – The following change has been made as an improvement to the claims appeal administrative process:

*Effective January 1, 2022, the internal appeals process will be transitioned from the current process of two (2) levels of appeal to one (1) level of appeal**. This change applies to appeals initiated on or after January 1, 2022, regardless of the group's renewal date.** Insureds will continue to be afforded the full timeframe for filing an appeal in compliance with existing federal and/or state laws.*

Applies to: Platinum, Gold, Silver and Bronze plans

Please refer to the Claims and Appeals Procedures section of your *COI* for a detailed description of the appeals process.

THE ABOVE IS ONLY A SUMMARY OF THE BENEFIT CHANGES AFFECTING YOUR GROUP'S COVERAGE. PLEASE CONSULT THE GROUP POLICY FOR COMPLETE DETAILS REGARDING THE TERMS OF COVERAGE.